

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 27th July 2016, 13:00 hrs to 15:10 hrs
Venue: Formby Christian Fellowship, 93 Church Road, Formby L37 3NB

The Governing Body

Dr Rob Caudwell	Chair and Clinical Director	RC
Helen Nichols	Vice Chair and Lay Member for Governance	HN
Paul Ashby	Practice Manager and Governing Body Member	PA
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Dr Doug Callow	GP Clinical Director and Governing Body Member	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director and Governing Body Member	HM
Colette Riley	Practice Manager and Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director and Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT
Dr Emily Ball	GP Clinical Director and Governing Body Member	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
In Attendance		
Judy Graves	<i>(Minute taker)</i>	
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Billie Dodd	Head of CCG Development S&F	BD
Moira McGuinness	Planned Care Lead S&FCCG	MMcD

'Liverpool Women's Hospital and Neonatal Review' presentation by Liverpool CCG

No	Item	Action
Public	<p>Questions were given from the public:</p> <p>1. Considering the joint object of IAPT (Improving Access to Psychological Therapies) specifically for young people, what safeguarding processes are in place for clients that are referred to CAMHS but who are not seen and referred onto a third party?</p> <p>Dr Hilal Mulla confirmed that adult referrals are made via the GP and with some counselling. He advised that the children's was more educational with several tiers.</p> <p>The GP will do a risk assessment of the child and will either (a) speak with a local A&E doctor or; if not a pressing issue (b) offer to refer to CAMHS which involves a detailed process and questions.</p> <p>The question on the referral form refers to consent to transfer to third party however it might be not applicable or appropriate, or the patient may need to be referred to other voluntary organisation. However, this would be based on risk assessment and/or assessment with the family.</p> <p>DCF explained that, from a CAMHS perspective, there were various tiers that ranged from universal to specialist. DCF confirmed that from a commissioning perspective the CCG want the child to receive the right level of help. IAPT support for a child is very different to IAPT for an adult. The services for</p>	

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	<p>children work very closely together. The Health and Wellbeing Strategy identifies levels of services available to young people.</p> <p>DJ informed members that the Health and Wellbeing Strategy was going out to review. The clarification of such could be picked up as part of the review.</p> <p>DCF offered to discuss further outside of the meeting.</p>	<p>DJ</p> <p>DCF</p>
	<p>2. What specific priority did the CCG identify in the “Imagine Sefton” consultation?</p> <p>MMcD reported that the key focus from the CCG’s perspective was increasing the health and wellbeing of the population and highlighted that the area has the natural assets in terms of coastline and other green spaces which should be promoted through the review.</p>	
GB16/101	<p>Apologies for Absence</p> <p>Apologies were received from Dr Kati Scholtz, Helen Nichols, Paul Ashby, Maureen Kelly and Emily Ball. Margaret Jones, Consultant in Public Health, attending on behalf of Mathew Ashton.</p> <p>FLT advised that she would be giving the presentation on behalf of Liverpool CCG.</p>	
Presentation	<p>Liverpool Women’s Hospital and Neonatal Review</p> <p>FLT updated members as per the presentation.</p> <p>FLT reported that a review of women’s and babies services was being led by the North Mersey CCGs, with Liverpool Women’s Hospital and input from other providers. This constitutes a major service reconfiguration and is therefore subject to public consultation and this part of the process constituted the pre consultation stage.</p> <p>Members and public were presented with a YouTube film which explained the reasons for the need of the hospital review https://youtu.be/sV2-1uQ384</p> <p>The current Liverpool Women’s Hospital (LWH) portfolio of services includes Neonatology, Maternity, Gynaecology, Anaesthetics, Theatres and high dependency unit (which is a critical part of review), Reproductive Medicine (Hewitt Centre) and Genetics. LWH is also a regional tertiary care provider serving areas in the Midlands and North Wales.</p> <p>FLT highlighted a number of reasons for the need of the review including:</p> <ul style="list-style-type: none"> - the increase in the number of patients with diabetes and renal disease resulting in more complicated pregnancies - births for women aged 40+ has doubled in the last ten years; increased ages resulting in more complications - gynaecological cancers are increasing and surgery is more extensive, with surgery having to be carried out at the Royal Liverpool and Broadgreen University Hospitals (RLBUH) Trust. - changes in demographic indicates that the situation will get worse - Doctors are carrying out more complex surgeries to treat patients. <p>FLT gave examples of patient journeys which included patients requiring treatment in separate hospital sites and separation of Mother/baby due to clinical circumstances.</p>	

No	Item	Action
	<p>In addition:</p> <ul style="list-style-type: none"> - There is a need for the Women's High Dependency Unit to be based on the same site as the Level 3 Intensive Care Unit - blood testing is not available on site due to the blood bank not being on site - there are already four intensive care units across Liverpool. Even if another was built, Liverpool doesn't have the workforce capacity to run another - there are delays in getting to hospital which can result in a delay in treatment - FLT confirmed that the financial position of the Trust was not the fundamental basis for the review however, the financial situation must be addressed in order to protect services for the future <p>FLT advised that the review was currently at the pre-consultation and engagement stage, with the formal stage expected to commence at the end of 2016 or early 2017. Members and the public were briefed on the process steps, namely;</p> <ul style="list-style-type: none"> - pre consultation business case to be developed by autumn - formal presentation to the three Overview and Scrutiny Committee's (a presentation had already delivered to two of the three OSCs, both of which have been supportive) - followed by formal Public consultation. <p>The Governing Body were advised that a presentation had been given to the Engagement and Patient Experience Group (EPEG) on the review and EPEG advised and offered assistance on how to ensure hard to reach groups could be involved in the consultation.</p> <p>Further briefing was given setting out the schedule of dates and the various activities planned as part of the engagement process, which included Healthwatch, with the aim of targeting different groups and in line with the needs of the community. The schedule was offered to be circulated as available .</p> <p>DCF outlined her role on the Oversight Group to the Governing Body and reiterated that the driving force is predicated on the need to address matters of clinical safety and the need to improve services and shape them for the future. The members discussed other options being considered and included clinical, feasibility, strategic, fit and finance perspectives, as well as the views of the maternity, women, children's and paediatric vanguard. All were informed that this would be pulled together for the Merseyside footprint.</p> <p>A timetable for ongoing consultation and update to the Governing Body was to be shared and YouTube video presentation link to be added to the internet.</p> <p>RESOLUTION The Chair and members agreed that the case for change was clear.</p>	<p>LC</p> <p>FL/JG LC</p>
GB 16/102	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan, Martin McDowell and Dwayne Johnson. There were no declarations made in respect of any items of business on the agenda.</p>	Col
GB 16/103	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p>	

No	Item	Action
GB 16/104	<p>Action Points from Previous Meeting</p> <p><u>GB16/75</u> Key Issues: Kings Fund Discussions with Edge Hill regarding the Kings Fund.</p> <p><u>GB16/75</u> DCF confirmed a Home Visit Policy had been drawn up and a general Visiting Policy had been implemented elsewhere successfully.</p> <p><u>GB 16/78</u> LCR NHS CCG Alliance Revised Terms of Reference Work had moved forward slightly. Further discussion to be held in PTII.</p> <p><u>GB 16/84</u> Integrated Performance Report Becky Williams continued to experience coding issues. JL to pick up.</p>	<p>FLT</p> <p>Closed</p> <p>Closed</p> <p>JL</p>
GB 16/105	<p>Business Update</p> <p>RC provided members with an update on recent activities across key areas of business:</p> <p>He was pleased to report that Dr Emily Ball had now replaced Dr Martin Evans as the GP Clinical Director, Governing Body member and lead for contracting.</p> <p>RC discussed NHS England (NHSE) assurance rating recently given to the CCG. Whilst this was disappointing, RC informed the members and public that that the rating was in no way a reflection of the work and effort of the staff, who continued to work exceptionally hard. The rating is reflective of the current financial challenges the CCG is facing and confirmed that delivery of the QIPP targets, to ensure financial sustainability, is a current priority for organisation.</p> <p>FLT thanked the Chair for recognising the work of the CCG.</p> <p>RESOLUTION Members received the report.</p>	
GB 16/106	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer Report and highlighted the following:</p> <p><u>CCG Assurance 2015/16</u> Members and public were informed that the documents that underlined the rating and how the CCG had been measured were available on the NHSE website. The documents provided an overview of the scoring methodology, how domains are constructed and how certain domains have an impact on others. Further information is available at the links below.</p> <p>https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/ccg-assurance-framework.pdf</p> <p>https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/annual-assessment-rep-2015-16-upd.pdf</p> <p>Members also noted that the assurance process was due to be re-defined for 16/17.</p> <p>FLT added that she wished to reflect the words of RC and the work of the staff. FLT then highlighted the organisations huge challenge of achieving an authorised £4m deficit and a £10.6m QIPP saving. It was noted that the CCG will likely have to make some incredibly difficult decisions over the next two years to ensure delivery of the plan and securing financial sustainability.</p>	

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	<p><u>QIPP</u></p> <p>Members were updated on the increased focus on QIPP and the continued efforts to ensure that governance continued to be robust. The process is being led by the Chief Operating Officer who holds the portfolio as the QIPP Programme lead, Debbie Fairclough (DFair) who was also working with Martin Wakeley. The new arrangements provide a framework for increased monitoring and evaluation of all QIPP schemes through a “project management office” (PMO) approach.</p> <p>The CCG continues to assert all of its efforts on financial recovery and sustainability with QIPP being the primary focus throughout the meeting structures. Regular updates and communication to staff takes place via the internal communication bulletin.</p> <p><u>Conflicts of Interest</u> NHSE issued revised guidance on the management of conflicts of interest for CCGs from which there have been a number of recommendations. The CCG’s policy has been updated and approved by the Audit Committee and all registers relating to any type of conflict are currently being refreshed and updated. The Audit Committee Chair will submit a recommendation to the Governing Body in respect of the proposal in the guidance for additional lay member support.</p> <p><u>Capsticks</u> PTII agenda item.</p> <p><u>LCH: CQC Inspection Report</u> The process was ongoing. Progress was being made in categories of Care and Patient Services.</p> <p><u>Co-commissioning of Primary Care</u> This item had been included in the Chief Officer report in error and related to work that was taking place in South Sefton. Members noted the error and confirmed that that would be removed from the record.</p> <p><u>Integration/Better Care Fund</u> The BCF plan had been resubmitted. The CCG were currently awaiting assessment by NHSE. FLT informed members that she would be reporting on progress at the September Governing Body. FLT confirmed that BCF was one of the top six priorities for the CCGs community and sat within the Integration Plan.</p> <p>In addition:</p> <p><u>Safeguarding Children’s Board and Safeguarding Adults Board Chair</u> Members were updated on the CCGs involvement in the recruitment process for the new Chair and the appointment of Paula St Alban whose previous role was as a Director of Social Care and who had a background in Safeguarding. Members noted and welcomed the appointment.</p> <p><u>Shaping Sefton</u> FLT apologised for the omission of the update.</p> <p>RESOLUTION The Governing Body received the report.</p>	JG
GB 16/107	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>MMcD presented the report which updated the Governing Body and public with the QIPP Dashboard, as signed off by QIPP 12 July 2016.</p>	

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	<p>The CCG had achieved a £1.5m year to date saving against a plan of £2.1m. Since report had been compiled there had been a Medicines Management saving of an estimated £50k which was still to be included.</p> <p>MMcD confirmed that the QIPP committee with support from the Clinical QIPP Advisory Group continues to increase its focus and grip on all issues associated with financial recovery and is supported in its work programme by the PMO. Risks to delivery are reported to QIPP along with actions to mitigate the risks.</p>	
	<p>Members were advised to the change in the pricing for Funded Nursing Care. The increases that were being made on a national level were significant and would impact on the financial position of the CCG. A further update will be provided to the Governing Body.</p> <p>Members discussed the report in detail and MMcD explained the RAG rating applied to each of the schemes. Those areas of the QIPP plan where savings had actually been achieved and taken from budgets were rated as green, those schemes where there is a significant degree of confidence on delivery were given an amber rating, and urgent care schemes are all currently rated red.</p> <p>Other key areas of progress to note included:</p> <p>A new CQUIN target to reduce zero length of stay and the utilisation of an element of saving on Consultant to Consultant referral pending agreement in October.</p> <p>The CCG has proposed a CQUIN that the Southport & Ormskirk Trust are considering to support quality improvement in the Urgent Care pathway and patient follow-ups.</p> <p>The existing SRG functions will transition into the new A&E Delivery Boards. Discussions are on-going to confirm the geography and involvement of partners in the Boards.</p> <p>RESOLUTION The Governing Body received the report.</p>	MMcD/DCF
Gb 16/108	<p>Integrated Performance Report</p> <p>MMcD presented members with the report and discussed the detail in-depth.</p> <p>MMcD highlighted:</p> <p><u>A&E Waits</u> Members noted that this target will most likely always appear red. MMcD explained that the CCG were monitored to two separate targets and that the CCGs trajectory being set at higher rate than the Trusts. As Trusts are only compelled to achieve their own statutory target it was unlikely that the CCG would see an improvement in achievement of this target.</p> <p><u>Ambulatory Activity</u> Looking at the cumulative activity, this is higher this part of the year and may contribute to some of the performance issues.</p> <p><u>Cancer</u> The members discussed performance in-depth in relation to waits, failed targets and the number of patients. DCF provided an update on the Joint Clinical Review meetings and a presentation delivered on Cancer. It was explained that part of issue was due to delay in the trust receiving lab results back. The issue has been</p>	

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	<p>raised and results were now starting to decrease back to an acceptable level and target.</p> <p><u>HCAI – C difficile</u> DCF briefed on the work being undertaken with the Infection Control team and the masters level study being carried out by the Community Matron. DCF advised that the aim of carrying out the study is to improve on infection and prevention control. The findings of the study would be reported back to the Quality Committee.</p>	
	<p><u>Patient Safety Incidents Reported</u> DCF expressed her disappointment regarding the accommodation and the number of breaches being almost 100 for the financial year 2015/16. DCF updated the members on the support requested to address the issues and, as part of the workaround, the opportunity taken to visit Critical Care in order to look at the environment and meet the staff. DCF informed members that the “longer stays” were as a result of the flow through A&E.</p> <p><u>Stroke</u> FLT highlighted her increasing concerns and the consistent failure to meet targets. Members were updated on the request made to the team to do an analysis of the data. The first month of 16/17 had been presented to two meetings, one with the Trust and another at a contracting meeting. FLT was now looking for improvements in the care and, if no improvements were made, then a decision would need to be taken regarding commissioning intentions. Improvements were now expected to be seen on the 22 bedded environment. It was agreed that the Chair and Clinical Director be invited to do a presentation to the September Governing Body on performance.</p> <p>Members discussed in-depth and in relation to; the delivery and it not being at an expected level; the previous highlighted issues regarding discharge planning and provision of care; the issues highlighted through due process to the Overview and Scrutiny Committee. All members agreed an urgent Board to Board with the organisation was expected. DCF highlighted an action concerning the environment the staff where working in, as well as the Therapy room. The CCG had challenged the effectiveness of the environment. The response received was that it was too tiring for patients to go across, hence the placement of the Therapy room within the environment.</p> <p><u>Finance</u> Members discussed in detail the following key areas</p> <ul style="list-style-type: none"> - the £4.000m deficit - figure 5 showing non-elective average monthly cost trend - figure 6 and the RAG rated QIPP plan - the remaining risks and opportunities - figure 10 and reporting to NHSE that looking to deliver most likely £8.314m. Delivery of such was expected to be challenging. <p>A detailed discussion was had regarding areas of savings including coding and the need to ensure any issues were raised via contracting.</p> <p>FLT briefed members on the financial reset letter, the instruction received, the aim of the signed off contracts before December 2016 and the desire for financial stability. The need for an urgent Board to Board was reiterated.</p> <p><u>Planned Care: Non-referrals</u> MMcD highlighted the need to follow up all non GP referrals regarding attendance and explained that this would be picked up as part of the overall review and referral management.</p>	<p>Sept Agenda</p> <p>BD</p>

No	Item	Action
	<p><u>Cost Improvement Plans</u> The CCG have queried through contracting the cost improvement plans and highlighted the importance of greater understanding. HM confirmed that the question had been raised, as well as how it impacts on community services. CCG were awaiting a report from the Nursing Director and Medical Director of Southport and Ormskirk Trust.</p> <p><u>Southport and Ormskirk Hospital NHS Trust: Key Issues</u> DC highlighted 'Elective Bedding' (page 49) and the discussion held at the Information Sub Group. DC was awaiting confirmation on the issues. Members agreed that the conversation needs to be structured in with the Board.</p> <p><u>Serious Incidents</u> DCF referred to the number of incidents currently open. DCF had been informed that the incidents were in relation to pressure ulcers. Members were advised that a member of the CCG's quality team had taken a secondment position with NHSE for six months. Tracy Forshaw has offered to compile a comprehensive report within the next two weeks. DCF emphasised the need to be assured that the systems and processes for reporting were fit for purpose.</p> <p><u>Waiting Times</u> Concern was raised by members regarding the failed waiting time target. Members said that they were not assured that the failings were being addressed. Members requested further discussion is had at the next Board to Board meeting regarding the need for assurance.</p> <p><u>BCF</u> Members were referred to the Q4 position and informed that, due to the dashboard being revised, they were not comparing like for like.</p> <p>RESOLUTION The Governing Body received the report and noted that the CCG:</p> <ul style="list-style-type: none"> - was currently forecasting a deficit of £4.000m against an agreed deficit of £4.000m. - had a challenging QIPP in the current year, although significant progress has been made against the phased QIPP plan at Q1. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan. - was working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year. - that the Commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member 	<p>DCF & HM</p> <p>FLT</p> <p>DCF & TF</p> <p>FLT</p>
GB 16/109 & 16/110	<p>Corporate Risk Register and Governing Body Assurance Framework Update</p> <p>Members were presented with the CRR and GBAF documents and were updated on the improvements that had been made including:</p> <ul style="list-style-type: none"> - the improved formatting - that some risks had been reduced, mitigated and removed - that the risks had been aligned to the new corporate objectives - that a change in the scoring level on the CRR allowed for more focus on the higher risks, with the top risks being finance and QIPP <p>Members discussed. Reference was made to SF027. It was highlighted that a conversation had been had with North Mersey regarding local delivery and this</p>	DL

No	Item	Action
	<p>needed to be added to the risk.</p> <p>RESOLUTION Following review and scrutiny, members were satisfied that the scoring was appropriate and reflective of the controls and mitigation Members received and approved the report subject to amendment to:</p> <ul style="list-style-type: none"> - GBAF 5.1: EPEG “monitor quality of services” to be removed and replaced with “get some feedback on some services”. 	DL
GB 16/111	<p>CCG Committee Terms of Reference: Update</p> <p>Members were presented with the report that highlighted the need to review the organisations Committee Terms of Reference following new Conflicts of Interest guidance for CCGs. The review was also an opportunity to free up capacity and resource in line with QIPP targets and opportunities, as well as ensuring aligned to work programmes and removal of duplication.</p> <p>The members were provided with an overview of changes which included:</p> <ul style="list-style-type: none"> - QIPP: changes to Charing arrangements and the membership - Quality Committees: Southport & Formby and South Sefton Committees will be merged. In the context of QIPP and alignment to the CCGs business needs, this action will free capacity and resources and reduce the administrative burden associated with supporting the meeting at multiple levels. - Remuneration Committees: Southport & Formby and South Sefton Committees will be merged. This will also result in freeing of capacity and resources and a reduction in administrative support required. A suggestion had been made for a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership. Members discussed and approved the inclusion of a PPI representative. Terms of Reference for committee to be updated to reflect approval. - Locality Sub Groups: These are now “groups” of the CCG and no longer sub committees reporting directly to the Governing Body. They will also now meet on a bi monthly basis and their work programmes will be refined to ensure complete alignment with QIPP. <p>RESOLUTION The Governing Body:</p> <ul style="list-style-type: none"> - Approved the Terms of Reference for the QIPP Committee - Approved the creation of a Joint Quality Committee - Approved the creation of a Joint Remuneration Committee - Approved the changes to the role and form of the locality sub committees 	DFair
GB 16/112	<p>Register of Interests</p> <p>FLT presented members with an updated Q4 2015/16 Register of Interests for Southport & Formby CCG. FLT stressed the importance of all updating, as and when requested to do so by the organisation.</p> <p>The members noted some anomalies. The members were informed that a new Interests form was to be circulated following an update of the Conflicts of Interests guidance for CCGs. This would include an update of the register which would also be amended to reflect the changes.</p> <p>RESOLUTION Members received the report.</p>	

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GB 16/113	<p>Key Issues Reports</p> <p>a) Finance & Resource (F&R) Committee b) Quality Committee</p> <ul style="list-style-type: none"> - FLT briefed on the work to be carried out in relation to the RCA, which included a clinical review with the learning from such being looked at in relation to training and development, as well as processes with Liverpool CCG and MIAA. 	
	<p>c) Joint Commissioning Committee The members were further updated on the following areas:</p> <ul style="list-style-type: none"> - the Care home provision across boundaries is progressing - Freshfield Practice: an interim provider was in place. The next committee meeting would look at an options paper - Following the recent Development session held in July 2016, the Terms of Reference for the Committee would be presented to the September 2016 Governing Body <p>d) Audit Committee 20/4/16: - Head of Audit Opinion: all reviews had been delivered. "Significant assurance" had been received for all but one area which achieved "high assurance". Members were informed that the report had been signed off, with no adjustments to be made. Congratulations had been passed to the team. FLT reiterated the congratulations to the team on the achievement and on the work being carried out and the processes put in place. 25/5/16: No further comment.</p> <p>RESOLUTION The Governing Body received the key issue reports</p>	JL
GB 16/114	<p>F&R Committee Minutes</p> <ul style="list-style-type: none"> - May 2016 <p>RESOLUTION The Governing Body received the F&R Committee minutes.</p>	
GB 16/115	<p>Quality Committee Minutes</p> <ul style="list-style-type: none"> - No approved minutes due to Development Session held <p>RESOLUTION The Governing Body received the Quality Committee minutes.</p>	
GB 16/116	<p>Audit Committee</p> <ul style="list-style-type: none"> - April 2016 - May 2016 <p>RESOLUTION The Governing Body received the Audit Committee minutes.</p>	
GB16/117	<p>Any Other Business</p> <p><u>Committee Minutes:</u> CIC Regional Hospital Based Care and CIC LCR NHS CCG Alliance now moved to PTIL.</p>	
GB 16/118	<p>Date of Next Meeting</p> <p>Wednesday 28th September 2016 at 13:00 hrs, Family Life Centre, Southport, PR8 6JH</p>	
Meeting concluded		15:10hrs

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

DRAFT

Governing Body Meeting in Public Actions from meeting held 27 July 2016

No	Item	Action
Questions from the Public	<p>IAPT: Safeguarding Processes for clients that are referred to CAMHS but who are not seen and referred onto a third party</p> <p>The Health & Wellbeing Strategy was currently out for review. Although the strategy identified levels of services available to young people, further clarification was needed in relation to processes. This would be picked up as part of the review.</p>	DJ
Presentation	<p>Liverpool Women's Hospital and Neonatal Review</p> <p><u>Engagement Process: Planned Activities</u> Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women's Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available.</p> <p><u>Consultation</u> Timetable for ongoing consultation and an update to the Governing Body would be shared as available</p> <p><u>Video Presentation</u> YouTube video presented to the Governing Body is to be placed on the CCG website.</p>	LC FL LC
GB 16/104	<p>Action Points From Previous Meeting: May 2016</p> <p><u>GB 16/75 Key Issues: Kings Fund</u> Discussions with Edge Hill regarding the Kings Fund.</p> <p><u>GB 16/84 Integrated Performance Report</u> Becky Williams continued to experience coding issues. JL to pick up and to ensure any issues were raised via contracting.</p>	FLT JL
GB 16/106	<p>Chief Officer Report</p> <p><u>Co-Commissioning of Primary Care</u> Item had been included within the Chief Officer report in error. Item to be removed from the record.</p>	JG
GB 16/107	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p><u>Funded Nursing Care: National Level Increases</u> Update to be provided to the Governing Body on the significant change in the pricing for Funded Nursing Care was being made on a national level and would impact on the financial position of the CCG.</p>	MMcD / DCF
GB 16/108	<p>Integrated Performance Report</p> <p><u>Stroke</u> FLT had highlighted increasing concerns and the consistent failure to meet targets. The Chair and Clinical Director of Southport & Ormskirk Hospital NHS Trust be invited to the September Governing Body meeting to do a presentation on performance.</p>	KMcC
	<p><u>Planned Care: Non-referrals</u> All non GP referrals, regarding attendance, to be picked up as part of the overall</p>	BD

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	<p>review and referral management.</p> <p><u>Cost Improvement Plans</u> The CCG have queried through contracting the cost improvement plans and highlighted the importance of greater understanding. HM confirmed that the question had been raised, as well as how it impacts on community services. CCG were awaiting a report from the Nursing Director and Medical Director of Southport and Ormskirk Trust.</p> <p><u>Southport and Ormskirk Hospital NHS Trust: Key Issues</u> DC highlighted 'Elective Bedding' (page 49) and the discussion held at the Information Sub Group. DC was awaiting confirmation on the issues. Members agreed that the conversation needed to be structured in with the Board.</p> <p><u>Serious Incidents</u> DCF referred to the number of incidents currently open. DCF had been informed that the incidents were in relation to pressure ulcers. Members were advised that a member of the CCG's quality team had taken a secondment position with NHSE for six months. Tracy Forshaw has offered to compile a comprehensive report within the next two weeks. DCF emphasised the need to be assured that the systems and processes for reporting were fit for purpose.</p> <p><u>Waiting Times</u> Concern was raised by members regarding the failed waiting time target. Members said that they were not assured that the failings were being addressed. Members requested further discussion is had at the Board to Board meeting regarding the need for assurance.</p>	<p>DCF & HM</p> <p>FLT</p> <p>TF</p> <p>FLT</p>
GB 16/109 & 110	<p>Corporate Risk Register and Governing Body Assurance Framework Update</p> <p><u>Corporate Risk Register</u> Reference was made to SF027. It was highlighted that a conversation had been had with North Mersey regarding local delivery and this needed to be added to the risk.</p> <p><u>GBAF</u> 5.1: "monitor quality of services" to be removed and replace with "get some feedback on some services".</p>	<p>DL</p> <p>DL</p>
GB 16/111	<p>CCG Committee Terms of Reference: Update</p> <p><u>Remuneration Committee</u> The Governing Body approved a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership. Terms of Reference for committee to be updated to reflect approval.</p>	<p>DFair</p>
GB 16/113	<p>Key Issues Reports</p> <p><u>Joint Commissioning Committee</u> Terms of Reference for the Joint Commissioning Committee to be presented to the September Governing Body.</p>	<p>DFair</p>

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY September 2016

Agenda Item: 16/140	Author of the Paper: Fiona Taylor Chief Officer
Report date: September 2016	Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation	Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>
The Governing Body is asked to receive this report and to ratify the decision in relation to jointly funding an Estates Implementation Officer.	

Links to Corporate Objectives (<i>x those that apply</i>)	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

**Report to Governing Body
September 2016**

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.

1. QIPP

The CCG continues to increase its focus on QIPP which has been underpinned by focussed sessions at the Leadership Team, Senior Management Team and Operational Team meetings. The committee structure supporting delivery of QIPP is now much more streamlined enabling robust scrutiny and assessment of clinical schemes as well as holding to account officers for delivery against all QIPP objectives. A key area of focus over the past few weeks has been in respect of discretionary/other spend, or “non-statutory” expenditure. The CCG now has plans to continue to review all areas of spend in those areas with a view to seeking reductions this year and next year.

QIPP-Related Decisions Made by Leadership Team

In August 2016 the Governing Body delegated additional responsibility to the Leadership Team to implement any QIPP-related decisions so that there was pace of decision making between meetings of the QIPP Committee. On 20th September the Leadership Team received a proposal in respect of the estates-related QIPP target, as set out within the discretionary spend domain.

The proposal was to jointly fund an Estate Implementation Officer who would lead on a strategic programme of work to ensure best utilisation of estate across Liverpool CCG, South Sefton CCG and Southport & Formby CCG. The cost of the proposal for Southport & Formby CCG is £6,000 and will be met by slippage available within the finance directorate budget.

On the basis that there is an anticipated financial benefit of at least £100,000 for the CCG once the utilisation review and associated actions have been completed, the Leadership Team confirmed this investment proposal, the detail of which will now be included the PMO structure supporting the QIPP Committee so that the impact of the investment can continue to be evaluated and monitored.

As set out in the Terms of Reference of the Leadership Team the Governing Body is now asked to ratify that decision.

2. Southport & Formby CCG Recovery Plan Progress

The CCG is meeting monthly with NHS England local team to review progress in terms of its delivery plan. A revised Financial Recovery Plan (FRP) will be presented to the Governing Body in the private section of its meeting on 28th September. The FRP has had independent review from MIAA to determine the probable success in terms of delivering the required savings to enable the CCG to meet its financial target for 2016/17.

The CCG’s financial target for this year is £4.0m deficit and its likely case scenario predicts a deficit of £8.5m for the financial year. The CCG therefore needs to find additional planned savings of £4.5m to deliver its target.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

3. Transforming Care Plans

3.1 Introduction

Local plans to transform care for people with a learning disability and/or autism were published on 4th August 2016.

In response to the national programme (Building the Right Support, 2015) a Cheshire & Merseyside Transforming Care Board has been established.

The Board is undertaking 2 pieces of work in the first instance. The first is to establish the population need to enable commissioning of high quality services moving forward. We have commissioned a Joint Strategic Needs Assessment across Cheshire & Merseyside to inform current work programs in partnership with Public Health England and Liverpool John Moores University.

The second is a look-back exercise to evaluate where we have come from in terms of bed usage and models of care and where we need to get to as a health and social care economy.

It is recognised that Cheshire & Merseyside have already undertaken a significant amount of service improvement in this area and recognising the journey so far is significant when reviewing in-patient provision. To this end the Board will undertake a retrospective review of Learning Disability service provision and activity from 2010-2015 focusing on Assessment and Treatment beds, Locked Rehabilitation beds and Neuro Psychiatry beds, both in and out of area. Within this work there will be a look at:

- the trend analysis and complementary activity within local NHS inpatient provision in assessment and treatment units;
- elements of key community services that contribute to care and prevent admission, and accelerate discharge;
- performance as measured in the Learning Disability Self-Assessment Framework over this period;
- developing a model of care for the coming 3 years, 2016-2019, for Learning Disability services for Cheshire & Merseyside that builds on the strengths identified in the retrospective study that draws on Government Policy and the NHS 5-Year Forward View (NHS England 2015).

It is expected that the Transforming Care Partnerships will now follow the same programme of work as the six national fast track sites. Therefore the programme plan of transformation will include development of local plans that support the development of new models of care and long term bed closures, underpinned by a robust learning disability joint strategic health.

Southport and Formby Clinical Commissioning Group

There will be one Transforming Care Partnership or unit of planning across the Cheshire & Merseyside footprint to ensure commissioning at scale, with three geographical collaborative commissioning delivery hubs as outlined below:

Cheshire and Merseyside Unit of Planning			
Hub	CCGs	Local Authority	Total Population
Hub 1 Cheshire	Wirral West Cheshire East Cheshire South Cheshire Vale Royal	Wirral West Cheshire & Chester East Cheshire	1,078,886
Hub 2 Mid Mersey	Halton St Helens Warrington Knowsley	Halton St Helens Warrington Knowsley	701,952
Hub 3 North Mersey	South Sefton Southport & Formby Liverpool	Sefton Liverpool	786,383

3.2 Sefton's Local Provision

At the time of writing this report Southport & Formby CCG are in a strong position they do not commission out of area placements. Southport & Formby CCG commission 5 inpatient beds at the STAR Unit (Mersey Care NHS Trust learning disability inpatient unit at Mosley Hill Hospital); a 9 bedded inpatient facility for people with learning disabilities and associated mental health and behavioural problems, which accepts individuals from Sefton and Liverpool either on an informal basis or detained under the Mental Health Act). Southport & Formby CCG's current use of local assessment and treatment beds is around 2 beds per year, which is part of the current block contract arrangement with NHS Mersey Care Trust.

Formal links with Specialised Commissioning are in place to ensure that information regarding reviews undertaken and individuals identified for discharge is communicated to CCGs and community services. There is representation by the CCGs and CLOT at both discharge and CPA 117 reviews of local inpatient services and within Specialised Commissioning placements.

The table below shows the number of People with Learning Disabilities secure placements that have been commissioned by NHS England at the time of writing this report:

	South Sefton	Southport & Formby
Number under the Mental Health Act	4	2
Number in placement longer than 5 years	2	1

All of these placements have been made via Court with the exception of one case which is a recall for a Care Treatment order in South Sefton.

Southport and Formby Clinical Commissioning Group

The joint funding process between South Sefton CCG and Southport & Formby CCG Sefton Social Services has been in operation since 1997. The joint funding process is a means of commissioning an integrated package of care for those individuals with learning disabilities and complex challenging behaviour. Its aim is to enable those individuals to remain living within their local community as opposed to having to access out of area specialist care. There is also a joint funded post to co-ordinate and monitor individuals' packages of care.

Individuals are monitored by NHS Area Teams on a fortnightly basis via a return from each CCG. A rota has been established amongst CCG Commissioners to ensure that several members of staff are able to complete this return.

The governance process is as follows:

Each fortnight (alternate Tuesdays) each CCG submits the updated return. The tracker is then submitted to North Regional office for Merseyside.

3.3 Monthly HSCIC Winterbourne Returns

All CCGs/LAs are required to submit a monthly Winterbourne return which has patient identifiable data on it. This is submitted electronically directly from CCGs to HSCIC.

Sefton is fully compliant with this return.

For Sefton there are separate assurances submitted by Merseyside Specialised Commissioning (who report on services users in secure settings) and by the Commissioning Team (who report on services users in non-secure settings) this ensures that all patients are identified and are managed in a co-ordinated way

3.4 Bed Reduction Programme

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population;
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population.

NHS South Sefton and Southport and Formby CCGs will work closely with Sefton MBC and Mersey Care NHS Trust to reduce bed occupancy by 10% by March 2016 which is in line with National targets and equates to approximately 182 bed days in total. This will form part of the National target to reduce occupancy by 30%. Sefton's Assessment and Treatment bed activity from 2010/11 to 2015/16 shows a 47% reduction in bed usage (see- report commissioned by NHS England LD AT bed activity by Colin Vose).

Throughout this process and as part of partnership working, South Sefton and Southport and Formby CCG's will work closely with Sefton MBC, NHS England and partners to agree a process for managing local resources.

3.5 Conclusion

Sefton has done a significant amount of work in relation to transforming service provision for people with Learning Disabilities and/or autism, and behavior that challenges (learning disabilities). In terms of the Cheshire and Merseyside Transforming Care Plan, Sefton is in a strong position as it does not commission out of area placements and has achieved a 47% reduction in bed usage in assessment and treatment provision over the last 5 years. Our challenge locally is how we sustain our local position given the financial restraints across the systems.

3.6 Next Stages

The North Mersey Hub has prioritized five key areas that need to be progressed over the next 12 months, which are as follows:

- Transitions;
- Community Learning Disability Teams;
- Inpatient Beds (including 'Out of Area Treatments');
- Commissioning of Third Sector Provision;
- Physical Health.

Each of the five key areas has a specified lead who will work as part of a multi-disciplinary team to deliver on both short and long term goals that will lead to a whole system change that will impact positively on the service user's journey. This should enable people's needs to be met in the most effective and efficient manner whilst residing in the community and further avoid any unnecessary future hospital admissions.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the 'Forward View', underpinned by transformation through the agreed strategic blueprints and programmes.

4. STP Progress

Southport & Formby CCG with South Sefton CCG, Liverpool CCG and Knowsley CCG are members of the North Mersey LDS. We continue to work and contribute to the Alliance LDS work also, but full activity and finance work is now included within the North Mersey LDS.

The CCG is now reviewing its Strategic Blueprints as part of Shaping Sefton. This review is to ensure alignment with the CCG's QIPP priorities, but also in relation to the cross cutting themes and critical decisions that have been initially identified as part of the STP work. These themes have been informed across Cheshire & Merseyside and indeed reflect the detail outlined within the Shaping Sefton strategic plan.

Further work is now underway, with colleagues from Liverpool CCG to consolidate our combined commissioning strategies into a single strategy and set of priority workstreams across the North Mersey footprint. This will involve joint approaches in the following areas, to name but a few:

- Intermediate Care;
- Urgent Care;
- Integrated locality Teams;

- Care homes;
- Assisted Technology.

We will also bring together the work that Liverpool has been leading on in terms of Hospital reconfiguration to include Southport & Ormskirk Hospitals NHS Trust, as part of the North Mersey LDS footprint.

The CCG will continue to contribute to the STP and LDS work between now and 21st October when the next draft of the STP Plan is due to be submitted to NHS England.

5. Macmillan Programme Shortlisted for an Award

A cancer recovery package put together by Macmillan's [Cancer Information and Support Centre](#) in Southport with its partners, has been nominated in the prestigious Macmillan Professionals Excellence Awards.

The package for those affected by cancer in Southport, jointly designed by Macmillan, NHS Southport and Formby Clinical Commissioning Group (CCG), Southport & Ormskirk Hospital NHS Trust and Sefton Council has been shortlisted in the integration excellence category.

Aiming to help local residents move on with life after hospital treatment, the integrated package brings together a wide range of ongoing activities to support those affected by cancer to improve their physical health and mental wellbeing.

Research is showing that being physically active during and after cancer treatment helps to provide a variety of health and well-being benefits including helping to manage fatigue.

The 'Move More' part of the programme, run by Lucy Holmes at Active Lifestyles, Sefton Council, offers its own physical and wellness activities such as a gentle circuit class and relaxation session, a low impact chair class, gym sessions, swimming and a gardening group. As well as support in helping cancer patients in becoming more aware, the Move More activities allow people to participate in targeted physical activity sessions that are readily available locally within the community.

The centre also offers the chance to get involved in community groups such as crafts and singing, it also gives emotional and financial support and also counselling to those on the programme who might need it. Along with this and a host of other activity, the group holds a health and wellbeing event three times a year bringing likeminded people together and a seven week course to help people overcome problems they face.

6. Perinatal Mental Health Community Services Development Fund

NHS England has launched a perinatal mental health community services development fund which promotes service development and quality improvement, increasing the availability of high quality care and interventions for women and families. The fund focuses on expanding existing community teams into a wider geography or resourcing small new teams to meet the needs of local populations more comprehensively. CCGs are invited to submit funding proposals for up to three years. £5 million is available this year, rising to £15 million in the next two years. A second wave of proposals will be funded from 2018/19.

7. Bariatric Working Group

The NHSE (Specialised Commissioning) procurement for Tier 4 Bariatric surgery is proceeding to timetable. Procurement Lots have been agreed and currently evaluators from the CCGs are being identified. On completion of the procurement the responsibility for the commissioning of tier 4 Bariatrics will sit with CCGs.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

8. Quality

8.1 CCG Commissioned Stroke Reviews at Southport & Ormskirk NHS Trust (S&O)

The CCG has recently commissioned three reviews of Stroke Care at Southport & Ormskirk Hospitals NHS Trust. The CCG Leadership Team is now in receipt of the following draft reports:

- Independent Review of Selected Governance Processes at Southport & Ormskirk Hospital NHS Trust;
- Royal College of Physicians Review to examine progress in the delivery of stroke care since the last peer review visit in February 2015;
- AQuA Analytical Stroke Review.

These draft reports have been considered internally and a paper will be presented to the Part II Governing Body meeting in September 2016.

8.2 Care Homes

Partnership Working

To date the CCGs have been represented at the Liverpool City Region Care Home Improvement Group (LCR CHIG) by the Head of Vulnerable People. In addition to the LCR CHIG, NHSE Cheshire & Merseyside (C&M) has also established a Care Home Group. An agreement has been reached that NHSE C&M Care Home Group will focus on the development of the health related quality performance dashboard. It is anticipated that the NHSE group will feed into the LCR CHIG. Both CCGs and the Midlands & Lancashire Commissioning Support Unit (MLCSU) Clinical Quality Review Co-ordinator are included in the membership of the NHS E C&M Care Home Group. Outputs from the NHS E C&M Care Home Group will be fed into the relevant CCG QIPP workstream and the Quality Committee as appropriate.

Nursing Home Bed Capacity & Current Status

There were 38 nursing homes across the borough in August 2015 - 12 in South Sefton CCG and 26 in Southport & Formby CCG. This equated to an overall total capacity of 1,439 nursing home beds across the borough with 532 beds in the South Sefton CCG area and 907 in the Southport & Formby CCG area.

Southport and Formby Clinical Commissioning Group

A total of 3 nursing homes have closed during the period from August 2015 to August 2016. In year this equates to a loss of 93 nursing home beds across the borough. A new home has opened in the Southport area which means in real terms the total number of beds lost is 23. However this home is aiming at the higher end of the market and it is yet to be confirmed whether these homes will be signed up to the North West Framework contract.

Of those Nursing Homes that closed, 2 were following a CQC inspection processes and urgent action and 1 home closed at the owner's choice.

There are currently 5 nursing homes which have restrictions to admissions in place. Consequently whilst there has been relatively little change in overall bed capacity, in real terms there has been a reduction in available beds. The restrictions to admissions have either been as a result of CQC action, and or outcome from Clinical Quality Reviews undertaken by the CSU Clinical Quality Review Co-Ordinator.

The Head of Vulnerable People has compiled a separate report at the request of the Chief Officer to ensure she is sighted on the current status of nursing home beds across the Sefton Area in order to:

- Have an overview of the current quality of provision;
- Identify if there is any correlation between bed status and delayed discharges from local acute trusts;
- Support this priority area for integration with Local Authority Colleagues.

CHC Funding Uplift

Challenges are currently being experienced with some care Nursing Home providers regarding the percentage uplift they wish to receive to the NW Framework price which is in excess of what the CCGs have been able to financially plan for. The CCGs have recently sent written confirmation to Nursing Home Providers confirming 1.1% uplift to the NW Framework price for 16/17 backdated to April 2016 - this is in line with the uplift given to other providers.

8.3 Safeguarding

Local Safeguarding Children Board (LSCB) Development Session

The LSCB Development Session post the Ofsted Inspection took place in September 2016. The CCGs were represented at this session by the Deputy Chief Nurse.

Joint Safeguarding Adult Board Proposal

A proposal has been put forward by the LA Directors of Adult Social Care to have a joint Safeguarding Adult Board across the footprints of Liverpool, Sefton, Knowsley and Wirral – it is proposed that the existing Boards would continue as Local Executive Groups. The proposal was discussed at Leadership Team and the CCGs have signalled their support for such an arrangement subject to the appropriate Governance arrangements being in place. The CCGs have confirmed the current financial commitment for such a joint Board would be the existing financial envelope that is currently in place along with any appropriate 'in-kind' arrangements.

Independent Inquiry into Child Sexual Abuse (Formerly known as the Goddard Inquiry)

The Chief Nurse has recently attended an Executive Update regarding the Independent Inquiry into Child Sexual Abuse (IICSA). Commissioner assurance regarding providers has been previously reported to the Quality Committee. The CCG Safeguarding Service is reporting back to the Chief Nurse regarding the CCGs' own internal assurance and there has been communication with CSU IG leads regarding destruction of records in view of the fact that the Inquiry appears to be overturning the national guidance that is in place for retention of records within the NHS. The Chief Nurse will be delivering a presentation to the Governing Body Meeting at this meeting of the Governing Body following her attendance at the Executive Update session.

8.4 MRSA

There has been a recent case of MRSA reported in the Southport & Formby CCG area in relation to a patient admitted to Southport & Ormskirk Hospitals NHS Trust. The case was thought to be possibly community attributable rather than acute trust attributable. The Chief Nurse chaired the MRSA Post Infection Review (PIR) on 8th September 2016 and the outcome has initially been allocated to 'Third Party' which will require a review by NHSE.

8.5 S&O Executive Improvement Board

The S&O Executive Improvement Board continues to meet following on from the previous Quality Risk Summit. Commissioners are still awaiting the outcome of the recent CQC inspection and have been informed that the draft report will be with Southport & Ormskirk Hospitals NHS Trust for factual accuracy checking in September 2016.

8.6 HSJ Awards

The Quality Team has been shortlisted in the national HSJ Awards for the work led by the CCG Practice Nurse, supported by the Deputy Chief Nurse, for the Health & Social Care Apprenticeship Programme.

9. Conflicts of Interest – third lay member proposal

In June 2016 NHSE issued new and comprehensive guidance for CCGs in respect of the management of conflicts of interest and the treatment of gifts and hospitality. As a result the CCGs Conflict of Interest Policy was updated and approved by Audit Committee and is currently being implemented throughout the organisation.

One of the recommendations arising from the guidance was the proposal for CCGs to secure additional lay member to support to the Governing Body. This third member would not be a statutory appointment but would serve on the Governing Body. This proposal has been considered by the Conflict of Interest Guardian (The Audit Committee Chair), the Chief Operating Officer and the Senior Leadership team.

Southport and Formby Clinical Commissioning Group

Having considered the options available it is proposed that the CCG does not appoint a third lay member but will seek support from South Sefton CCG Audit Committee Chair in respect of conflicts of interest should the need arise. The Audit Committee Chairs and Senior Leadership Team support this proposal and recommend this as a course of action the Governing Body. That requirement will be reflected in the respective CCGs constitution and notified to NHSE following confirmation of that approach by the Governing Body.

To support Primary Care development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

10. Update on Primary Care development

Work has been undertaken in the new ways of working group and this work is now being translated into potential new models of care. The CCG has also made contact with the emergent GP Federation in Southport & Formby. Further discussion with the membership will be shortly underway regarding the second year of the Local Quality Contract and its affordability given the CCGs overall financial position.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

11. Update on in-hospital & Community model of care

Southport & Formby CCG working with Southport & Ormskirk NHS Trust and the Alliance LDS are focused on the model of care to meet the needs of our residents.

The Community Services Procurement remains on target to achieve an implementation date of 1st May 2017.

To advance the integration of Health & Social Care through collaborative working with Sefton Metropolitan Council, supported by the Health & Wellbeing Board.

12. Update on Integration

Work continues with SMBC to develop the integration agenda with the next deadline for a 2020 blueprint on 30th October 2016.

13. Recommendation

The Governing Body is asked to receive this report and to ratify the decision in relation to jointly funding an Estates Implementation Officer.

Fiona Taylor
Chief Officer
September 2016

MEETING OF THE GOVERNING BODY PART September 2016

Agenda Item: 16\141	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: September 2016	Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 247 7065
Title: CCG Annual Assurance Assessment 2015/16	
Summary/Key Issues: The CCG has been rated as inadequate following assessment of its performance in 2015/16 Financial Year.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2016

1. Executive Summary

The CCG has been rated as Inadequate following assessment of its performance in 2015/16 Financial Year.

2. Introduction and Background

Under the new style assurance process for CCGs, there are 5 domains which are measured using set criteria. The possible ratings assigned to CCGs are Outstanding, Good, Requires Improvement and Inadequate, reflecting 'Ofsted style' descriptions.

The ratings are applied on a national basis and the following levels of performance were achieved by CCGs.

Rating	CCGs	%
Outstanding	10	4.8
Good	82	39.2
Requires Improvement	91	43.6
Inadequate	26	12.4
Total	209	100

The letter from NHS England explaining the CCG's assurance rating is attached.

3. Key Issues

Southport and Formby CCG achieved the following ratings:

Domain	Rating
Well led organisation	Requires Improvement
Delegated functions	Good
Finance	Inadequate
Performance	Requires Improvement
Planning	Inadequate

Under the assurance process, any CCG with more than one domain rated as 'Inadequate' receives an overall rating of Inadequate. The CCG received an Inadequate rating for finance as a consequence of not delivering its financial plan in 2015/16. The CCG planned for a surplus of £1.8m but recorded a break even position (£0.0m) for the year which it does not meet business rules.

The CCG received an Inadequate rating for planning due to submitting a 16/17 financial plan which showed a deficit position. It was also noted that the CCG's Better Care Fund (BCF) and System Resilience Group Winter Plan were not assured.

As a consequence of the CCG's Inadequate rating, NHS England will apply legal directions to ensure that the CCG takes action to support an improving position. The legal directions applied to Southport and Formby are:

- 1 Development and implementation of a recovery plan; CCG currently has and is on with.
- 2 Undertake a Capacity & Capability review and develop an action plan; CCG is on with
- 3 NHSE involvement with any Executive level appointments

Confirmation of the legal directions will be received via letter.

The CCG will continue to provide monthly Improvement Plan reports to the NHS England local area team outlining the steps it has taken to address the financial position.

For 2016/17 onwards, NHS England is introducing a comprehensive, rigorous and transparent new approach to CCG ratings. CCGs will be rated in 29 areas, underpinned by 60 indicators, all made available to patients for the first time on the myNHS website. The new areas include six clinical priorities matching those set out in the NHS Five Year Forward View, which will be assessed annually by independent expert panels. These are: cancer; dementia; diabetes; learning disabilities; maternity; and mental health.

4. Recommendations

The Governing Body is asked to receive this report and note the legal directions that have been applied by NHS England.

Appendices

Appendix A –

Letter from Clare Duggan, Director of Commissioning Operations, NHS England, Cheshire & Merseyside – Re. CCG Annual Assurance 2015/16.

Martin McDowell
September 2016

Our ref: CMCDRC532

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11 July 2016

Dear Fiona

Re: CCG Annual Assurance 2015/16

Thank you for meeting with us on 19th April 2016 to discuss the CCG Assurance Annual Assessment for 2015/16. I am grateful to you and your team for the work you have done to prepare for the meeting and for the open and transparent nature of our discussions.

The enclosed document (**Annex A**) provides a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCG's 2015/16 annual headline rating. We have also summarised areas of strength and where improvement is needed. These will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate.

Therefore, the headline rating for NHS Southport & Formby CCG is **Inadequate**. The principles used to reach this assessment are:

- outstanding is applied where at least one component is outstanding and the others are all good.
- good is applied if:
 - all components are good; or,
 - at least four components are rated as good (or good and outstanding) and one component is requires improvement, unless requires improvement is in the finance or planning components.
- the headline is requires improvement if:
 - four components are rated as good (or good and outstanding) and the finance or planning component is assessed as requires improvement or inadequate;

- there is more than one requires improvement component rating; and
- no more than one component is assessed as inadequate.
- the headline is inadequate overall if:
 - more than one component is rated as inadequate;
 - it already has Directions (under section 14.z.21) in force.

For CCGs that are assessed as inadequate, NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

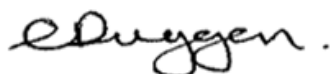
A letter will follow in due course from NHS England stating the requirements that will be underpinned by the legal directions.

These assessments were ratified by NHS England's Commissioning Committee when they met on 29 June. The 2015/16 annual assessment will be published on the CCG Assessment page of the NHS England website in mid-July. This year the headline assessment will be shown along with the five component assessments. At the same time the headline assessments **only** will be published on the MyNHS section of the NHS Choices website. I would ask that you please treat your assessments in confidence until NHS England has published the annual assessment report.

As you will be aware, NHS England has introduced a new Improvement and Assessment Framework for 2016/17. In mid-July, we expect *circa* 43 out of the 60 indicators in the framework to be uploaded to the myNHS website. Shortly thereafter over the summer, the baseline ratings of the clinical priority areas will be published on the myNHS website. You will be notified in advance of your CCGs rating, the methodology that has been applied, and the support offers for improvement.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of our discussions and clearly outlines the next steps.

Yours sincerely



Clare Duggan
Director of Commissioning Operations
NHS England, Cheshire & Merseyside

ANNEX A – ASSURANCE SUMMARY 2015/16

Throughout the year, we have identified the following areas of strength, areas of challenge and improvement and considered the key actions required against the five components of the 2015/16 framework. This includes: The need for a long term plan to implement the Five Year Forward View; Confirmation of an agreed service development and improvement plan to implement the new mental health access standards; and clarification of the CCG's position on primary care co-commissioning with NHS England.

Key Areas of Strength / Areas of Good Practice

- The CCG has achieved the RTT Waiting Time Standard throughout the year;
- The CCG has achieved the 31 Day Cancer Waiting Time Standard throughout the year;
- The CCG had no confirmed MRSA (Post Infection Review) cases during the year.

Key Areas of Challenge

- The CCG did not deliver the 2015/16 Financial Plan and did not meet the 2015/16 Business Rules;
- The CCG submitted a financial plan that showed a deficit for 2016/17;
- The Primary Care workforce is a significant challenge facing the CCG due to GP retirements and the area being under-doctored.
- Delivery of urgent care.

Key Areas for Improvement

- The introduction of a referral management scheme is intended to manage the performance against the RTT Waiting Time Standard at Southport & Ormskirk Hospitals NHS Trust down to the 92% standard and help towards improving the CCG financial position;
- A&E performance at Southport & Ormskirk Hospitals NHS Trust remains a significant challenge for the CCG, with particular concerns around patient flow and system leadership.

Development Needs and Agreed Actions

- NHS England commissioned an independent Capacity & Capability Review of the CCG, following the submission of a Financial Deficit Plan for 2016/17. The outcome of the Review will form the basis of an Action Plan to resolve issues identified.
- The CCG should consider the information in the 2016 360 Degree Stakeholder Feedback Survey and refine its Organisational Development Plan, particularly with regard to the engagement of member GP Practices, patients groups and health providers;
- The CCG must ensure that there is a focus upon Mental Health. In particular there needs to be a sustained improvement in performance against the IAPT metrics;
- Given the increase in the number of Mental Health Metrics in 2016/17, the CCG should consider approaching other CCGs to create a virtual team to enable the commissioning of mental health on a larger footprint.
- The CCG is looking at how contractual levers can be used more effectively. A restructure of the CCG staffing is also being carried out, alongside a refreshed performance framework. NHS England has confirmed that the CCG is expected to deliver a break-even position by 2017/18.
- A referral management scheme is to be implemented by the CCG and modelling of the effect of this on activity is to be carried out.

ASSURANCE COMPONENTS

Well Led Organisation (Assured as Requires Improvement)

Under this component of assurance the key areas for enquiry are strong and robust leadership; robust governance arrangements; actively involves and engages patients and the public and works in partnership with others, including other CCGs. We have also looked at how the CCG secures the range of skills and capabilities it requires to deliver all of its commissioning functions, including effective use of support functions and getting the best value for money.

A CCG which undergoes a Capacity and Capability Review (CCR) would have an assurance rating of **Requires Improvement** under Well Led component. It should be noted that NHS England has commissioned an independent Capacity & Capability Review of NHS Southport & Formby CCG, following the submission of a Financial Deficit Plan for 2016/17. The outcome of the Review will form the basis of a Recovery Plan to respond to the issues identified within the CCR to address the financial position.

As part of the assessment of the CCG's compliance with its statutory duties within the well led component we have also considered the six statutory functions which NHS England has required a more detailed focus on in 2015/16 because of the complexity of the issues or the degree of risk involved. These are:

- i. NHS Continuing Healthcare
- ii. Safeguarding of Vulnerable Patients
- iii. Equality and health inequalities
- iv. Learning disability
- v. Use of research
- vi. Special Educational Needs and Disabilities

CCG Compliance of Statutory Duties:

Safeguarding:

- The CCG has confirmed that a Safeguarding report to be submitted to NHS England was signed off by the CCG Quality Committee week. NHS England is sited on all Safeguarding issues and the CCG has confirmed that a substantive vulnerable patient lead is in post.

Performance for Transforming Care:

- It was reported that there were no significant concerns.

Continuing Health Care (Previously Unassessed Periods of Care):

- The plan is currently on trajectory and there are no significant issues.

Equality and Health Inequality:

- It was confirmed following the annual assurance meeting that the CCG is fully compliant with EDS2 requirements.

360 Degree Stakeholder Feedback Survey:

- There was a significant reduction in the respondents reporting positively (54%) in relation to "what extent do you agree or disagree that the CCG has listened to your views where you have provided them". This was a reduction of 18% from 2015;

- Only 49% of respondents reported that they considered that the “CCG involves and engages with the right individuals and organisations when making commissioning decisions”. This was a reduction of 20% from 2015. However, only 3% of stakeholders said that they were “unhappy with the way the CCG has engaged over the previous 12 months”;
- Only 20% of stakeholders reported were of the opinion that “the CCG has engaged with seldom heard groups”;
- The survey reported that proportion of stakeholders agreeing that “there is clear and visible leadership of the CCG” has against 2015, but the proportion agreeing that “the leadership of the CCG is delivering continued quality improvements” has reduced to 51%;
- 97% of stakeholders agreed that “if I had concerns about the quality of local services I would feel able to raise my concerns with the CCG”. However the survey showed a reduction in those indicating that “when I have commented on the CCG’s plans and priorities I feel that my comments have been taken on board” against 2015;
- Only 40% of stakeholders feel able to influence the CCG’s decision-making process.

Delegated Functions (Assured as Good)

Specific additional assurances have been required from CCGs with responsibility for delegated functions in 2015/16. This is in addition to the assurances needed for out-of-hours Primary Medical Services.

- No material issues had been noted on the Delegated Functions Self-Certifications that had been received to date.
- The CCG confirmed that from 1st April 2016, it will be adopting Primary Care Commissioning responsibilities for General Medical Services under joint arrangements with NHS England.

Finance (Assured as Inadequate)

We have monitored the CCG’s financial management and performance throughout the year, including looking at the quality of financial data submitted and how the CCG has managed its financial problems.

- The CCG did not deliver the 2015/16 Financial Plan and did not meet the 2015/16 Business Rules;
- The CCG has acknowledged a requirement for greater pace in implementing changes to improve their financial situation. The non-achievement of the full 2015/16 QIPP plan has had a significant impact on the CCG’s financial position.

The assessment was in line with the following nationally accepted criteria, as advised during the Regional Moderation process:

Performance category	Assurance Rating
Achieving or exceeding plan and 1% underspend	Assured as Good
Achieving or exceeding plan and < 1% underspend	Limited Assurance Requires improvement
Not achieving plan with underspend > 1%	Limited Assurance Requires improvement
Not achieving plan with underspend < 1% or	Inadequate

breakeven	
Achieving or over-performing against a deficit plan and reporting a deficit	Limited Assurance Requires improvement
Failing to deliver an underspend or breakeven plan and in deficit	Inadequate
Failing to deliver a deficit plan	Inadequate

Performance (Assured as Requires Improvement)

We have reviewed how well the CCG has delivered improved services, maintained and improved quality, and ensured better outcomes for patients, including progress in delivering key Mandate requirements, NHS Constitution standards.

Diagnostics:

- The CCG has breached the Diagnostics Waiting Time in 8 months of the year. However, this was driven by performance at the tertiary trusts as the local acute trust only breached in March 2016.

52 Week Waiting Times:

- The CCG had no patients waiting more than 52 Weeks for treatment.

62 Day Cancer:

- The CCG breached the Waiting Time Standard in 6 months of the year.

MRSA:

- The CCG had no confirmed (Post Infection Review) cases during the year.

CDiff:

- The CCG only exceeded the ceiling on CDiff cases for the year by one case.

RTT:

- The CCG achieved the RTT Waiting Time Standard throughout the year.

Dementia:

- The CCG was achieving the Ambition at the end of Quarter 3.

Improving Access to Psychological Therapies (IAPT):

- The CCG was not achieving the Access Ambition as at the end of Quarter 3.
- The CCG was not achieving the Recovery Ambition as at the end of Quarter 3.

Care Programme Approach:

- The CCG achieved the Standard throughout the year.

Mixed Sex Accommodation:

- The CCG had 45 breaches of the Standard during the year.

Urgent Care:

- Performance against the 4hr A&E Waiting Time Standard at Southport & Ormskirk Hospitals NHS Trust (Type 1 Service) has been well below the 95% standard. Although the report from the recent CQC inspection is still to be received, particular concerns have been highlighted around the senior leadership within the trust and the management of patient flow and this has contributed to the poor performance.

Planning (Assured as Inadequate)

Assurance of CCG plans is a continuous process, covering annual operational plans and related plans such as those relating to System Resilience Groups, the Better Care Fund, and longer term strategic plans including progress in implementing the Five Year Forward View. This component also considers progress in moving providers from paper-based to digital processes and the extent to which NHS number and discharge summaries are being transferred digitally across care settings to meet the ambition for a paperless NHS.

A CCG planning a financial deficit in 2016/17 would have an assurance rating of **Inadequate** under the Planning component.

- The CCG has submitted an Activity Operational Plan, in accordance with the National Expectations. However, the CCG Operational Plan lacked detail regarding delivery of ambition and the financial plan showed a deficit for 2016/17, which has resulted in the assurance level for this component;
- As a consequence a financial recovery plan was requested;
- The Better Care Fund Plan is currently Not Approved;
- The System Resilience Group Winter Plan was Not Assured.

MEETING OF THE GOVERNING BODY SEPTEMBER 2016

Agenda Item: 16\142	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer
Report date: September 2016	E mail: Tracy.Jeffes@southportandformbyccg.nhs.uk Tel no: 0151 247 7224
Title: Emergency Preparedness, Resilience and Response Assurance	
Summary/Key Issues: The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR). At its meeting in August 2016, the Governing Body delegated approval of these plans to the Chief Officer, due to the urgent timescale required by NHSE. The Chief Officer has subsequently signed the compliance statement and improvement plan on behalf of the Governing Body.	
Recommendation The Governing Body is asked to ratify this decision.	Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to the Governing Body September 2016

1. Executive Summary

- 1.1 The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. All staff must be aware of their responsibilities in preparing for and for responding to emergencies. The CCG is required to undertake a self-assessment and issues a statement of compliance. This paper sets out the CCG's self-assessment statement.
- 1.2 The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as *"arrangements are in place, however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed"*. This conclusion has been reached following a thorough self-assessment which identified four "amber" areas which indicate that the standard was not currently complied with, but there is evidence of progress and actions included in the EPRR work plan for the next 12 months. In 2015/2016 a number of "amber" related standards still enabled full compliance, however for 2016/2017 the evaluation criteria have changed, hence a re-assessment of the compliance level as substantial.

2. Introduction and Background

- 2.1 The CCG is required under the acts and guidance to have in place an Incident Response plan, Business Continuity plan and a robust 24/7 on call system. The plans detailed in this document are in place to ensure that these responsibilities are met. The CCG is part of the North Mersey on call system.
- 2.2 Some examples of events that are likely to lead to the declaration of a major incident and require support from the CCG are:
- major Incidents requiring a multi-agency response – rail, motorway, and air crashes, chemical incidents, terrorist incidents etc;
 - rising tide incident – such as infectious diseases eg pandemic flu, flooding, fuel shortages;
 - headline news report – sparking a health scare;
 - safeguarding emergency closure of residential / nursing homes;
 - incidents requiring the identification of vulnerable people;
 - naturally occurring emergencies i.e. severe weather, flooding;
 - major internal Incidents.
- 2.3 All of these may place an immense strain on the resources of the NHS and the wider community; impact on the vulnerable people in our community and could affect the ability of the CCG to work normally.
- 2.4 Notification of a major incident occurring will normally be cascaded to the CCG from NHS England but could occur as a result of a local incident at a provider organisation or an

incident which solely affects the ability of the CCG to undertake its functions requiring a local business continuity response.

- 2.5 Events such as these may require the activation of the CCG Incident Response Plan and/or the Business Continuity plan. This decision will be taken by the On Call Officer in consultation, if time allows, with the CCG Chief Officer. It is important that all staff are familiar with the plans and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in both the incident response plan and the Business Continuity Plan. Both are held on the CCG intranet. Accurate contact details of all staff are to be maintained, to ensure that people are accessible during an incident.
- 2.6 Whilst the Incident Response Plan or Business Continuity plan will only rarely be activated, regular training and exercising will occur, as required under the CCA 2004 and NHS Guidance. The Clinical Commissioning Group staff are to become fully involved in both the training and exercises.
- 2.7 Incidents requiring activation of the plans can occur at any time, day or night and it is essential that the CCG maintains its preparedness to respond.
- 2.8 Contact details of all managers and staff are held separately and will not form part of any documents placed in the public domain.
- 2.9 Specialist advice and support is available from Midlands and Lancashire Commissioning Support Unit Resilience Team.
- 2.10 Both the Incident Response Plan and the Business Continuity plan have been developed against the NHS Core Standards for Business Continuity and Major Incident Response published by NHS England.
- 2.11 A policy statement for business continuity has been prepared on behalf of the Clinical Commissioning Group.
- 2.12 The Business Continuity Management and Incident Response Plans for the CCG have been developed. Any additional requirements will be overseen by the CSU Resilience Team and reported to the Governing Body.
- 2.13 Since 31st May 2013 the CCG has been able to undertake its duties as a Category 2 responder, with 24/7 coverage provided through an on-call rota shared with the other CCGs in North Mersey.
- 2.14 The Business Continuity and Incident Response Plan together with other relevant documentation will be held electronically in a manner allowing access to all staff.

3. Policy Statement

- 3.1 Business Continuity Management (BCM) is an important part of the CCG risk management arrangements. The CCA 2004 identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services.
- 3.2 The aim of BCM is to prepare for any disruption to the continuity of the business, whether directly - i.e. within the responsibility control or influence of the business, or indirectly - i.e.

due to a major incident occurring to a partner, supplier, dependant or third party, or from a natural disaster.

- 3.3 It is recognised that plans to recover from any disruption must consider the impacts not only to the CCG staff, premises, technology and operations, but that the CCG must also plan to maintain its brand, status, relationships and reputation.
- 3.4 BCM arrangements should ensure that the CCGs continue to meet their legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.
- 3.5 The CCG has begun to develop the Business Impact Analysis which has identified the critical functions of the CCG and the potential impacts of the loss of staff, effects to communications, data systems, transport and buildings.
- 3.6 In accordance with the requirements of NHS England, the CCG BCM will be in accordance with and aligned to the ISO 22301, together with the published NHS Core Standards.
- 3.7 It is the policy of the CCG Clinical Commissioning Group to develop, implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of the critical activities from any incident or physical disaster affecting the ability of the CCG to operate and deliver its services in support of the NHS economy.
- 3.8 It is the policy of the CCG to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver their essential functions, and that it is able to respond to the needs of their local populations. A service interruption is defined as:

*'Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires **special measures** to be taken to restore normal functions.'*
www.cabinetoffice.gov.uk/ukresilience.
- 3.9 The Cabinet Office's "Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders" describes 7 expectations drawn from the Civil Contingencies Act (2004), Regulations (2005) and guidance:
 - duty to assess risk;
 - duty to maintain plans – Emergency Plan;
 - duty to maintain plans – Business Continuity;
 - duty to communicate with the public;
 - business continuity promotion;
 - information sharing;
 - co-operation.
- 3.10 The CCG is a Category 2 Responder. As such the CCG will be required to share information and to co-operate with Category 1 Responders in the event of an emergency. The organisation is also required to have Business Continuity plans and Incident Response Plans. These requirements are in place.

4. Recommendation

The Governing Body is asked to ratify this report decision.

Appendices

Appendix A - Statement of Compliance

Appendix B - EPRR Core Standards 2016 Improvement Plan

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016-17

STATEMENT OF COMPLIANCE

NHS Southport & Formby Clinical Commissioning Group has undertaken a self-assessment against the NHS England Core Standards for EPRR (v4.0).

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating **Substantial** compliance against the EPRR Core Standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Board has agreed.
Partial	Arrangements are in place however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A workplan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red ¹	Standards rated as Amber ²	Standards rated as Green ³
35	0	4	31
	¹ Not complied with and not in an EPRR work plan for the next 12 months	² Not complied with but evidence of progress and in an EPRR work plan for the next 12 months	³ Fully complied with

Where areas require further action, this is detailed in the attached *EPRR Core Standards Improvement Plan* and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards has been or will be confirmed to the organisation's board / governing body.

Name

Giona Taylor

Chief Officer

29/09/2016

Date of board / governing body meeting

16/09/2016

Date signed by Chief Officer through delegated powers ahead of Governing Body meeting

EPRR Core Standards 2016 - Improvement Plan

Organisation: NHS Southport and Formby Clinical Commissioning Group

Plan owner: Fiona Taylor, Chief Officer

Core Standard Reference	Core Standard description	Improvement required to achieve compliance	Action to deliver improvement	Action Owner	Deadline
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	Business Impact Analysis from all heads of service to be undertaken to ensure current CCG structure reflected in priorities	BIA to be undertaken and the BC plan updated to reflect the new priorities. New CSU service to provide support	Tracy Jeffes	December 2016
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content.	Staff at the CCG to have taken part in the business impact analysis and have undertaken a familiarisation exercise	BIA to be undertaken and the BC plan updated to reflect the new priorities. Exercise for staff to be undertaken following revision of BCP.	Tracy Jeffes	March 2017
36	Demonstrate organisation wide appropriate participation in multi-agency exercises	More staff to attend multi-agency exercises to broaden experience and skills within the organisation	Increased number of on call staff involved in multi-agency events (see also Pan Flu 3 below)	Tracy Jeffes	September 2017
DD1	Organisation has undertaken a Business Impact analysis	Although initial work was undertaken, this needs reviewing to improve quality.	BIA to be undertaken and the BC plan updated to reflect the new priorities.	Tracy Jeffes	December 2016
Pan Flu 3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months.	To attend an exercise.	CSU to liaise with LHRP regarding appropriate training to be delivered within the next 12 month.	Tracy Jeffes	September 2017

MEETING OF THE GOVERNING BODY SEPTEMBER 2016

Agenda Item: 16\143	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: September 2016	
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.	
Recommendation The Governing Body is asked to receive the report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 12 th September 2016.

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2016

1. Executive Summary

The Joint QIPP Committee continues to monitor performance against the QIPP plan objectives and is supported by the Clinical QIPP Advisory Group that reviews all cases for change and clinical schemes ensuring robust clinical input at every level.

2. Key Issues

The QIPP plan comprises five strategic domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care and within each domain there are number of schemes or actions that all have savings identified against them.

During October the MCAS service will be operational, the repeat prescribing scheme will continue to run and the referral management scheme will be implemented which is a key enabler for ensuring continued application of the approved commissioning policies (PLCP).

Officers have also been reviewing areas of discretionary spend and looking at ways in which additional savings can be made this year and future years and plans will be developed and presented to the Joint QIPP Committee in November.

The Chief Operating Officer (and QIPP Programme Lead) has now implemented the PMO reporting structure to the Joint QIPP Committee which is enabling the CCG to apply sufficient rigour in respect of monitoring and evaluation of all QIPP related activity.

3. Recommendations

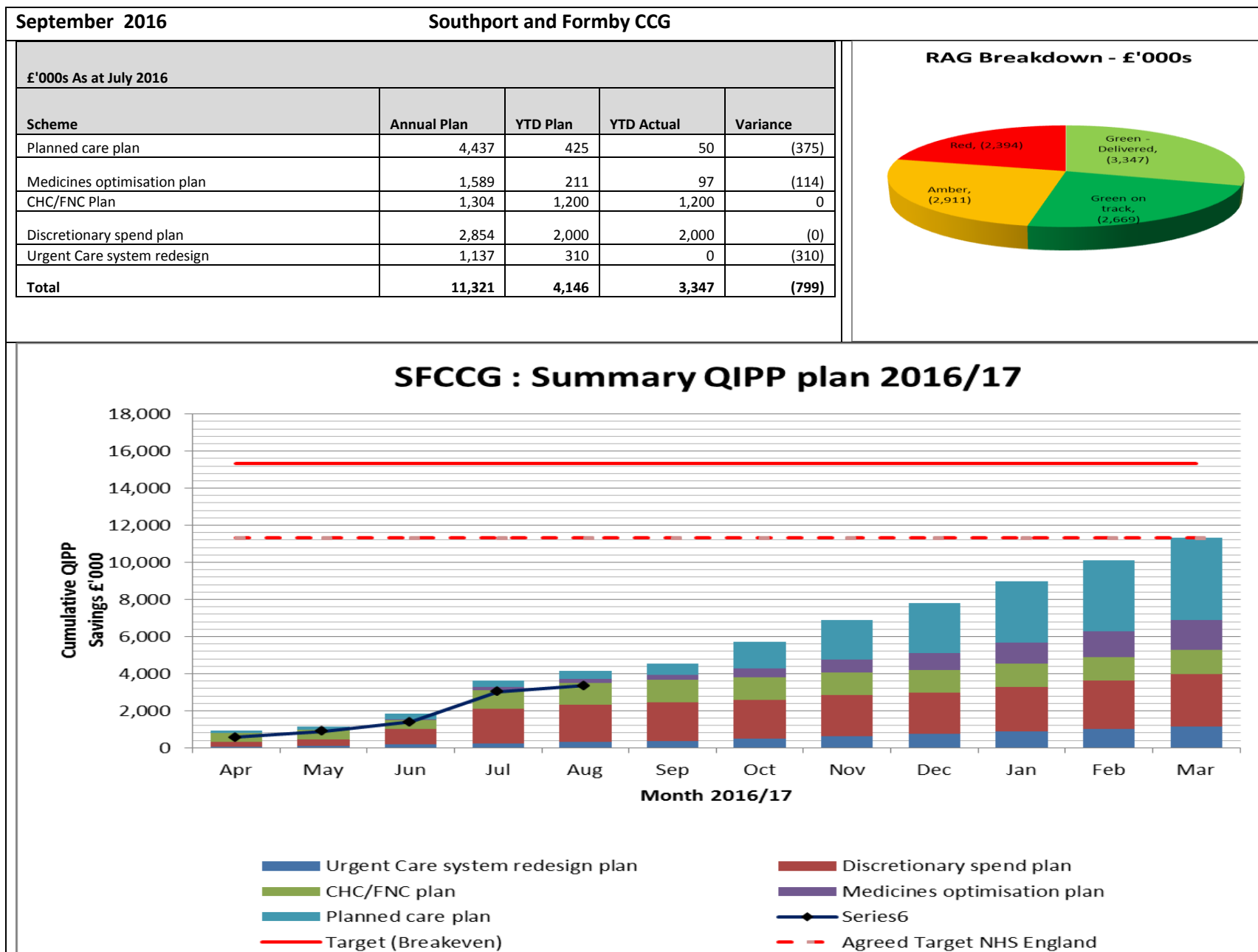
The Governing Body is asked to receive the QIPP dashboard and note the update.

Appendices

Appendix A – NHS Southport and Formby CCG Month 5 QIPP Performance Dashboard

Martin McDowell
Chief Finance Officer
September 2016

APPENDIX A - QIPP DASHBOARD – SUMMARY SFCCG AT MONTH 5



QIPP DASHBOARD SFCCG – Detail by scheme – Themes 1 & 2

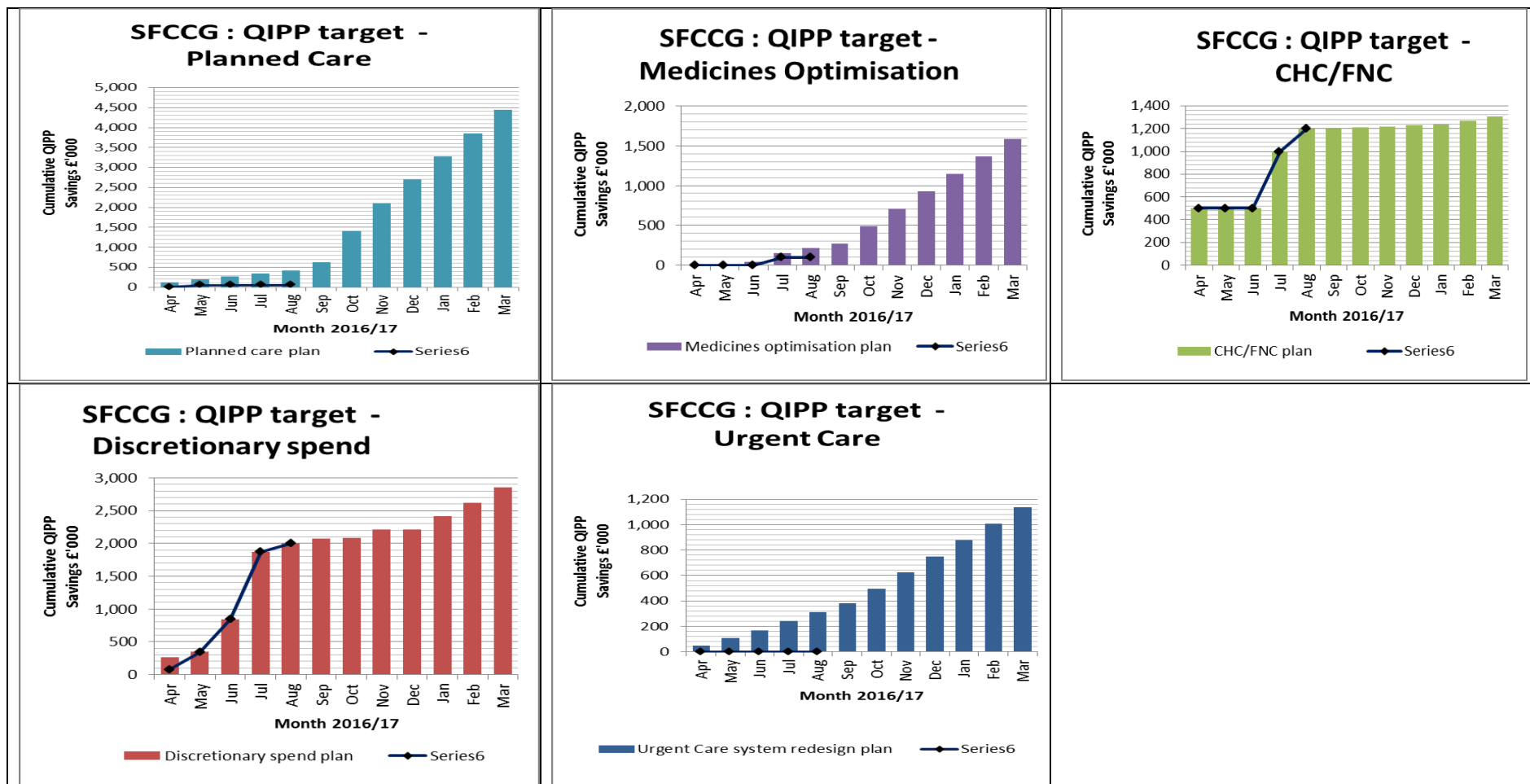
	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Theme 1: Planned care													
Total PLCP procedures (allowed for 10% activity to do through)	Jan L	M6-M12	0	0	0	●	0	0	0	●	626	626	0 ●
MCAS / T&O 15% reduction in activity with Gain share (1st oct start date)	Jan L	M6-M12	0	0	0	●	0	0	0	●	560	560	0 ●
MCAS / T&O - 6 weeks delay of Renacres	Jan L	M1-M12	0	0	0	●	0	0	0	●	330	330	0 ●
Cataracts Policy	Jan L	M1-M12	0	0	0	●	0	0	0	●	64	64	0 ●
Review of OPP T&O Coding	Martin McD	M6-M12	33	0	(33)	●	167	0	(167)	●	400	400	0 ●
Dermatology - reduce block	Jan L	M1	0	0	0	●	50	50	0	●	50	50	0 ●
Contract Challenges MRET	Martin McD	M12	42	0	(42)	●	208	0	(208)	●	500	500	0 ●
Contract Challenges (Phase 1)	Martin McD	M7-12	0	0	0	●	0	0	0	●	128	128	0 ●
Contract Challenges (Phase 2)	Martin McD	M7-M12	0	0	0	●	0	0	0	●	1,427	1,427	0 ●
CQUIN - C2C reduction S&O	Jan L	M7-M12	0	0	0	●	0	0	0	●	63	63	0 ●
CQUIN - 1st:Fup ratio S&O	Jan L	M7-M12	0	0	0	●	0	0	0	●	289	289	0 ●
Total			75	0	(75)		425	50	(375)		4,437	4,437	0
Theme 2: Medicines optimisation													
Focus on reduced waste (repeat prescribing)	Martin McD	M6-M12	0	0	0	●	0	0	0	●	900	900	0 ●
Generics	Martin McD	M2-M12	10	0	(10)	●	33	24	(9)	●	100	100	0 ●
Optimise Branded Prescribing	Martin McD	M3-M12	16	0	(16)	●	39	0	(39)	●	150	150	0 ●
Additional rebate schemes	Martin McD	M3-M12	18	0	(18)	●	52	0	(52)	●	180	180	0 ●
Blood Glucose Monitoring strips	Martin McD	M7-M12	0	0	0	●	0	0	0	●	75	75	0 ●
Implementation of Quick Wins	Martin McD	M1-M12	9	0	(9)	●	26	17	(9)	●	85	85	0 ●
Apixiban Price Reduction	Martin McD	M1-M4	0	0	0	●	56	56	0	●	56	56	0 ●
High Cost Drugs and Biosimilars	Martin McD	M4-M12	3	0	(3)	●	6	0	(6)	●	43	43	0 ●
Review other expenditure - Cease care at the chemist	Martin McD	N/A	0	0	0	●	0	0	0	●	0	0	0 ●
Total			55	0	(55)		211	97	(114)		1,589	1,589	0

QIPP DASHBOARD SFCCG – Detail by scheme – Themes 3 & 4

	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Theme 3: Individual packages of care													
CHC reduction -Q4 savings into 16/17	David S	M1	200	200	0	●	700	700	0	●	700	700	0
CHC reduction - No growth	David S	M1-M3	0	0	0	●	500	500	0	●	500	500	0
Outcome of CSU review work (net savings)	David S	M7-M12	0	0	0	●	0	0	0	●	57	57	0
Implementation of ADAM procurement system (net savings)	David S	Q4	0	0	0	●	0	0	0	●	47	47	0
Total			200	200	0		1,200	1,200	0		1,304	1,304	0
Theme 4: Discretionary spend													
Suspend CVS Investment	Tracy J	M1	0	0	0	●	180	180	0	●	180	180	0
Contract Legacy review (Sexual Health/CHIS)	Martin McD	M2	0	0	0	●	392	392	0	●	392	392	0
Review other Expenditure - 3rd Sector	/ Tracy J	Quarter 4	0	0	0	●	0	0	0	●	121	121	0
Review other Expenditure - Remaining schemes 50% reduction	/ Tracy J	N/A	0	0	0	●	0	0	0	●	0	0	0
1% Non-recurrent released	Martin McD	M12	0	0	0	●	0	0	0	●	0	0	0
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	Martin McD	M2	0	0	0	●	0	0	0	●	187	187	0
Additional Provider CQUIN delivery 2015/16 (S&O)	Martin McD	M1-M12	0	0	0	●	320	320	0	●	320	320	0
Provider Sanctions - Aintree	Martin McD	Q4	0	0	0	●	0	0	0	●	2	2	0
Provider Sanctions - S&O	Martin McD	M12	0	0	0	●	0	0	0	●	30	30	0
Blue Badge Legacy review 15/16	Martin McD	N/A	0	0	0	●	0	0	0	●	74	74	0
Blue Badge Legacy review 16/17	Martin McD	M1-12	74	74	0	●	74	74	0	●	74	74	0
LQC under-performance in 16/17	Martin McD	M1-M12	0	0	0	●	0	0	0	●	400	400	0
Estates	Martin McD	M1-M4	0	0	0	●	0	0	0	●	0	0	0
Slippage in Transformation Fund / SRG Funding (In year slippage)	Martin McD	M1-M12	0	0	0	●	954	954	0	●	954	954	0
reduction)	Martin McD	M7-M12	0	0	0	●	0	0	0	●	0	0	0
Running Cost Contingency	Fiona Taylor	M7-M12	53	53	0	●	80	80	0	●	80	80	0
Move to bi monthly locality meetings	Fairclough	M7-M12	0	0	0	●	0	0	0	●	25	25	0
Reduction of fast transport contract	Martin McD	M6 - M12	0	0	0	●	0	0	0	●	15	15	0
Total			127	127	0		2,000	2,000	0		2,854	2,854	0

QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

Theme 5: Urgent care system redesign	Exec Lead	Phasing	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
Respiratory Primary Care Scheme	Karl Mc	M1-M12	40	0	(40)	200	0	(200)	480	480	0
Telehealth	Jan L	M1-M13	30	0	(30)	110	0	(110)	370	370	0
CQUIN - Zero LoS - S&O	Jan L	M7-M12	0	0	0	0	0	0	287	287	0
Total All Schemes			70	0	(70)	310	0	(310)	1,137	1,137	0



REPORT TO THE GOVERNING BODY SEPTEMBER 2016

Agenda Item: 16.144	Author of the Paper: Name Karl McCluskey Title Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000
Report date: September 2016	
Title: Southport and Formby Clinical Commissioning Group Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives (<i>x those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm



*Southport and Formby
Clinical Commissioning Group*

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)		
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM

Key information from this report

Financial position

The CCG is currently forecasting a deficit of £5.000m against an agreed deficit of £4.000m as its best case scenario. Achievement of this position is subject to full delivery of the risk adjusted QIPP plan plus a further £2.256m QIPP and release of the 1% uncommitted non-recurrent reserve of £1.810m. The likely case scenario indicates that the CCGs projected deficit will be £8.566m unless it can deliver further QIPP efficiencies and can access the 1% uncommitted non-recurrent reserve. Despite remaining on target to deliver 85% of the original plan, additional pressures have emerged which require further QIPP savings for mitigation. The majority of cost pressures relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

Planned Care

After conducting a data cleansing exercise and refreshing the referrals data, overall referrals at month 4 year to date are flat compared to the same period in 2015/16. Analysis by referrer shows GP referrals are up by 0.6%.

The CCG failed the less than 1% target for diagnostics in July hitting 1.92%. Bridgewater Community Trust accounts for 30 of the 39 total breaches, and this relates to paediatric audiology, the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children's audiologists.

Cancelled operations at Southport & Ormskirk Hospital (cancelled on the day or surgery and not re-booked within 28 days) were due to shortage of theatre staff as well as anaesthetists and bed pressures, plus a number in ENT due to a vacant post. Targeted additional lists will be introduced.

The CCG failed the target of 93% in July reaching 90.91% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 88.39%. The reasons for the breaches was patient choice. Capacity within breast clinics will be discussed at a meeting with all local providers in September to look at the current position and future plans in relation to Southport and Formby patients following the closure of the local breast service 2 years ago.

The CCG failed the local target of 85% for 62 days consultant upgrade in July and year to date. The main reason for the breaches was delayed referral between trusts. For the 62 day standard cancer target both the CCG and Southport & Ormskirk failed to reach the plan year to date as the previous two months breaches are impacting on the year to date position of 84.50%.

The trust has seen an increase in Friend & Family test response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month but is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016. The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £456k/3%, which is a continuing variance % throughout the 4 months of 2016/17. This is over performance predominantly caused by two Providers; Renacres, who are showing a £206k/15% year to date variance and Wrightington Wigan and Leigh who have an increase over performance of £105k which is a 41% variance against plan. Other significant over performance can be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £112k.

Unplanned Care

Southport & Ormskirk's performance has fallen below agreed STF trajectory in July reaching 88% (target 90%). In the second half of the month when activity was more stable performance was above 92% and it was the activity in the first half of the month which resulted in a fall in performance. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

Stroke performance was below the 80% target at 48.5% for the month of July. Two ongoing issues impact on the pathway. These are the lack of beds for emergency stroke admissions and the prioritisation of not mixing sexes within the unit over having the patient in the appropriate place. Performance in August has improved when beds have been available. It is proposed that there is an early supported discharge team. TIA performance for July was 33.3% - 3 referrals received in total, with only 1 seen within target. The 2 patients who breached the target were referred on a Friday afternoon/ evening.

Mixed sex breaches are due to the delay in discharge from critical care. The process for nursing patients in critical care has changed and it is expected that this will reduce the number of DSSA breaches due to better use of side rooms across the critical care floor. The CCG Chief Nurse has liaised across with NHSE regarding current national MSA Guidance.

The CCG is liaising across with the link Infection Prevention Control Matron to review the community attributed C diff. cases for Southport & Ormskirk ICO. There have been 5 serious incidents reported in August 2016 which affected Southport and Formby CCG patients with a total of 20 reported serious incidents year to date for Southport & Formby CCG patients.

In A&E the percentage of people who would recommend the service has remained 79% but remains lower than the England average. Performance has been consistently poor for FFT throughout 16/17. Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance. A trust presentation is planned for October CQPG.

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £722k/7%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £542k overspend. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG has formally challenged this significant variation by asking the trust to demonstrate that the variation is not as a consequence of a recording change by the trust. The trust have provided the relevant evidence noting the increased acuity in patients since the introduction of AEC and better management in the community. In month 4 two high cost admissions have resulted in cost exceeding £10k each which against has had an adverse effect on the current over performance.

Mental Health

EIP recorded 0% for July this was 1 patient who failed to start their package of care within 2 weeks. Additional EIP funding that was agreed early in 2016/17 should start to convert into newly recruited EIP posts from September and by November 2016 they should all be in place which will mitigate against under performance.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

Current activity levels provide a forecast outturn of 11.7% against the 15% IAPT access standard. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

Dementia diagnosis rates continue to increase and are now exceeding the planned target of 67% at 70.9%.

Community Health Services

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the issues and is continuing to work through them service by service.

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor. The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

At month 4 there is evidence that the trust may be experiencing data completeness and data quality issues with some of the AQP contracts. This will be followed up at the monthly Information Sub Group meetings.

Primary Care

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. Requirements will be discussed at CCG Senior Management Team in October.

There has been one further inspection result published in the last month at Churchtown Medical Centre which has been declared to Require Improvement.

Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

2. Financial Position

2.1 Summary

This section of the report focuses on the Month 5 financial performance for Southport and Formby CCG as at 31 August 2016 (Month 5).

The overall forecast outturn position is a deficit of £5.000m against a planned deficit of £4.000m after the application of reserves. Achievement of this position is subject to full delivery of the risk adjusted QIPP plan plus a further £2.256m QIPP and release of the 1% uncommitted non-recurrent reserve of £1.810m.

The financial position on operational budgets at the end of Month 5 is an overspend of £0.948m and the forecast for the year an overspend of £2.518m, following the mitigation of CCG contingency. The majority of the cost pressure relates to over performance within the acute provider contracts, independent sector and prescribing as well as the cost increase for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 5 is £3.347m. At this stage the CCG needs to deliver a further £6.381m in year, in addition to the use of the 1% uncommitted non-recurrent reserve in order to achieve the agreed £5.000m planned deficit control total.

It should be noted that the CCG is forecasting delivery of £7.472m (risk adjusted plan) worth of savings compared with £8.832m reported in the opening plan. This would equate to 85% delivery of its QIPP plan in-year.

The high level CCG financial indicators are listed below:

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£5.000m)	(£4.000m)
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£3.347m	£3.020m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 5 as follows:

- GP Development Programme (Reception and Clerical Training) - £0.011m

This is a non-recurrent allocation and is expected to be fully utilised during the financial year.

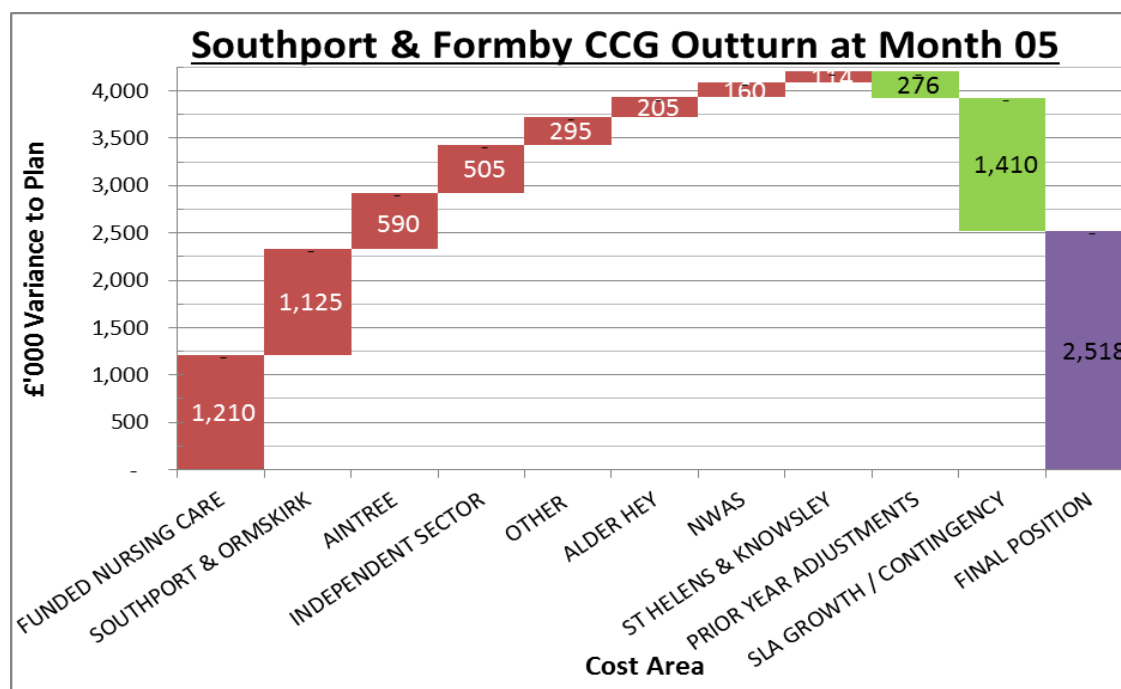
2.3 Financial Position and Forecast

The main financial pressures included within the financial position are shown the graph below which presents the CCGs forecast outturn position for the year.

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care as a result of the mandated national increase to the FNC rates, and pressure on independent sector budgets. A high proportion of this overspend has been mitigated by CCG contingency and growth reserves included in the original financial plan totalling £1.409m.

It should be noted that whilst the financial report is up to the end of August 2016, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of July 2016.

Figure 2 Forecast Outturn



Prescribing

The year-to-date overspend of £0.310m for the prescribing budget is mainly due to lower than anticipated rebate income against the 2015/16 year end forecast. The forecast for the 2016/17 financial year is an underspend of £0.038m.

The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. The CCG expects in year cost reductions as a result of the repeat prescribing scheme, challenges on charges for high cost drugs and healthcare at home.

Continuing Health Care and Funded Nursing Care

The month 5 position for this budget is break-even, this position reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings of £1.200m have been actioned including the element relating to the additional growth budget of 5% included at budget setting. The forecast outturn position has been adjusted to reflect this for the purposes of the report.

Increased costs in respect of Funded Nursing Care were announced in July 2016. The impact for Southport and Formby CCG is a cost pressure of £1.200m and is included within the forecast position for the CCG.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£11.322m** in total. This target includes an increased efficiency requirement of £1.302m to address the forecast overspend on operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(2,692)	(1,746)	(4,438)	(2,130)	(880)	(1,428)	(4,438)
Medicines optimisation plan	(1,589)	0	(1,589)	(646)	(900)	(43)	(1,589)
CHC/FNC plan	(1,104)	(200)	(1,304)	(1,200)	(104)	0	(1,304)
Discretionary spend plan	(696)	(2,158)	(2,854)	(2,040)	(740)	(74)	(2,854)
Urgent Care system redesign plan	(1,137)	0	(1,137)	0	(287)	(850)	(1,137)
Total QIPP Plan	(7,218)	(4,104)	(11,322)	(6,016)	(2,911)	(2,395)	(11,322)
Risk rated QIPP plan				(6,016)	(1,456)	0	(7,472)

As shown in figure 4 and table below, £3.347m QIPP savings have already been actioned at Month 5 against a phased plan of £4.146m.

Figure 4 Phased QIPP performance for the year

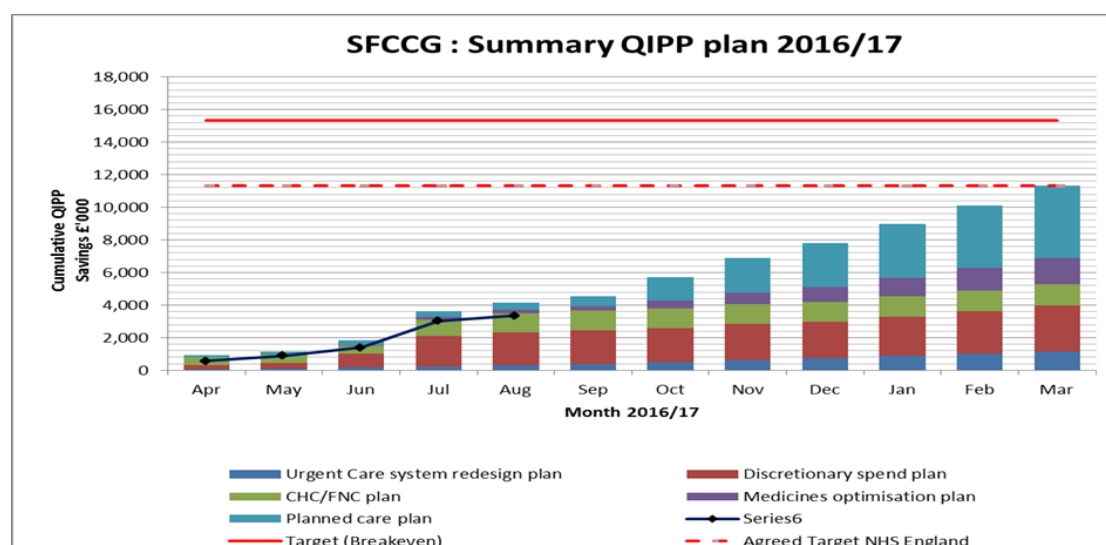


Figure 5 QIPP performance

Scheme	Current month (M5)												
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance		
Planned care plan	75	0	(75)	●	425	50	(375)	●	4,437	4,437	0	●	
Medicines optimisation plan	55	0	(55)	●	211	97	(114)	●	1,589	1,589	0	●	
CHC/FNC Plan	200	200	0	●	1,200	1,200	0	●	1,304	1,304	0	●	
Discretionary spend plan	127	127	0	●	2,000	2,000	0	●	2,854	2,854	0	●	
Urgent Care system redesign	70	0	(70)	●	310	0	(310)	●	0	1,137	1,137	0	●
Total	527	327	(200)		4,146	3,347	(799)		11,322	11,322	0		

QIPP delivery is £0.799m below plan at Month 5. There is a significant risk of delivery on the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year,. The CCG and scheme leads in particular must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.618m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency budget in running costs which has been actioned as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 5 position

Maximum Cash Drawdown (MCD) limit for Southport & Formby CCG for 2016/17 is £184.725m. Up to Month 5, the actual cash received is £78.214m (42.3% of MCD) against a target of £76.969m (41.6% of MCD).

At Month 5, the forecast financial position is a planned £4.000m deficit. The delivery of the planned deficit is reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may not have sufficient cash to meet expenditure requirements for the financial year.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned deficit of £4.000m, the CCG will need to develop plans to manage the additional cash requirement. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

A full year cash flow forecast, based on information available at month 5. This estimates a cash shortfall of £1.947m, the CCG is working with NHS England to assess the impact of this and take appropriate action.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG continue to be non-delivery of the QIPP target in the year and increased performance within acute care.

QIPP

There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required levels of assurance to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the forecast deficit. Overall management of the QIPP programme is being monitored by the QIPP committee.

Acute Contracts

The CCG has experienced significant growth in acute care year on year and if this continues the CCG will not achieve against the financial plan. The year-to-date performance is particularly high and further actions are required to mitigate further over performance and maintain the financial recovery trajectory for the financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance are currently being implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance and other areas of contested activity.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. It is too early in the year to assess the current position against this risk but the majority of schemes have been implemented and efficiencies are anticipated to deliver.

- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. This risk is being managed closely by the Quality team and the CSU and further updates will be provided as appropriate.

2.8 Reserves budgets / risk adjusted surplus

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The assessment of the financial position is set out in figure 6 below. This demonstrates that the CCG needs to deliver a total management action plan of £12.538m in 2016/17 in order to achieve the forecast deficit of £5.000m. This will be done through delivery of the QIPP plan.

Delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

Figure 6 Summary of Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(10.817)	0.797	(10.020)
Revised surplus / (deficit)	(10.817)	(3.203)	(14.020)
Forecast Outturn (against operational budgets)	(0.590)	(0.712)	(1.302)
FNC Cost Pressure	(1.216)	0.000	(1.216)
Committed Reserve Budgets	(1.163)	0.163	(1.000)
Management action plan			
Actioned QIPP to date	1.693	1.654	3.347
Deliver on remaining QIPP plan	5.525	2.450	7.975
Total QIPP plan	7.218	4.104	11.322
Additional QIPP required to address FNC	0.000	1.216	1.216
Total Management Action plan required	7.218	5.320	12.538
Year End Surplus / (deficit)	(6.568)	1.568	(5.000)

Figure 7 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk rated QIPP plan in full, plus an additional QIPP of £2.256m. The most likely case assumes a stretch target of £1.000m in addition to the risk adjusted QIPP plan, along with additional cost pressures in acute care. The worst case assumes delivery of the remaining risk adjusted QIPP plan only.

The CCG continues to challenge and review all aspects of its expenditure. It has therefore included an assumption that a further £1.000m worth of QIPP savings will be delivered over and above the risk adjusted projection. This has been included in the likely case scenario and the onus remains on the CCG to continue to stretch delivery of all QIPP plans.

Figure 7 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
Management Action Plan required	(12.538)	(12.538)	(12.538)
QIPP achieved to date	3.347	3.347	3.347
Remaining QIPP requirement	(9.191)	(9.191)	(9.191)
Remaining risk adjusted QIPP schemes	4.125	4.125	4.125
Improved Position / Further QIPP Delivery	2.256	1.000	-
1% Non-Recurrent reserve	1.810		-
Increased Cost Pressure - Acute / Prescribing	-	(0.500)	(0.500)
Planned Deficit	(4.000)	(4.000)	(4.000)
Risk adjusted deficit	(5.000)	(8.566)	(9.566)

2.9 Recommendations

The Governing Body is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £5.000m against an agreed deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.566m unless it can deliver further QIPP efficiencies and can access the 1% uncommitted non-recurrent reserve.
- Despite remaining on target to deliver 85% of the original plan, additional pressures have emerged which require further QIPP savings for mitigation.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.

- The CCG’s commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals

Figure 7 Referrals by Source across all providers for 2015/16 & 2016/17

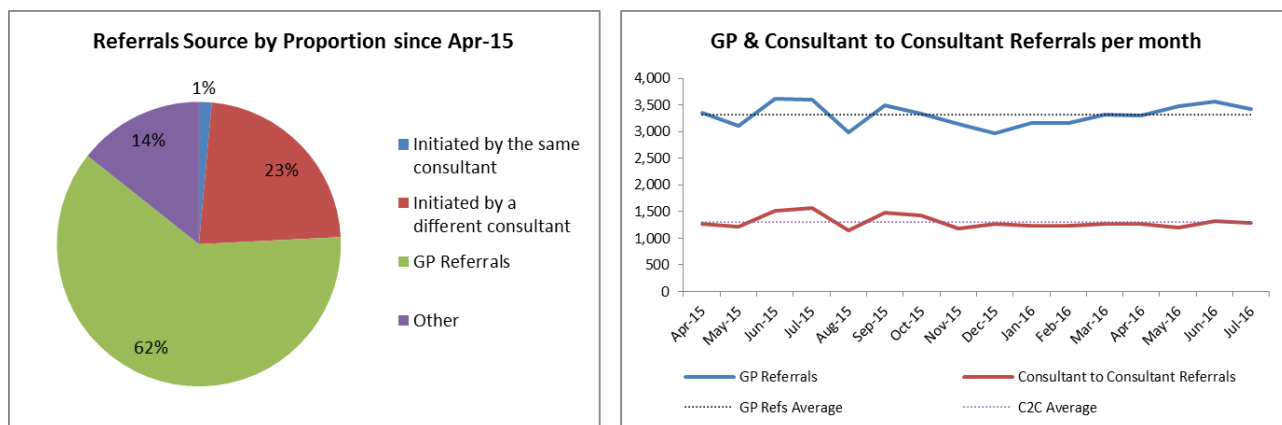


Figure 8 GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	13,694	13,780	86	1%
GP Total			13,694	13,780	86	1%
Other	01	following an emergency admission	36	28	-8	-22%
	02	Consultation	22	4	-18	-82%
	04	Department (including Minor Injuries Units and Walk In Centres)	1,143	1,106	-37	-3%
	05	Accident and Emergency Department	4,100	3,625	-475	-12%
	06	self-referral	611	546	-65	-11%
	07	A Prosthetist	2	1	-1	-50%
	08	Royal Liverpool Code (TBC)	139	168		0%
	10	Emergency Attendance (including Minor Injuries Units and Walk In	73	103	30	41%
	11	CONSULTANT responsible for the Consultant Out-Patient Episode	186	210	24	13%
	12	Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	2	6	4	200%
	13	Care)	23	17	-6	-26%
	14	An Allied Health Professional	648	680	32	5%
	15	An OPTOMETRIST	275	367	92	33%
	16	An Orthoptist	38	19	-19	-50%
	17	A National Screening Programme	224	294	70	31%
	92	A GENERAL DENTAL PRACTITIONER	117	167	50	43%
	93	A Community Dental Service	5	0	-5	-100%
97	CONSULTANT responsible for the Consultant Out-Patient Episode	781	1,033	252	32%	
Other Total			8,425	8,374	-51	-1%
Unknown			7	5	-2	-29%
Grand Total			22,126	22,159	33	0%

A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For info, Walton are recording approx. 80 referrals per month in 2016/17.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - July	1.00%	1.92%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	16/17 - July	<1%	0.52%	↑

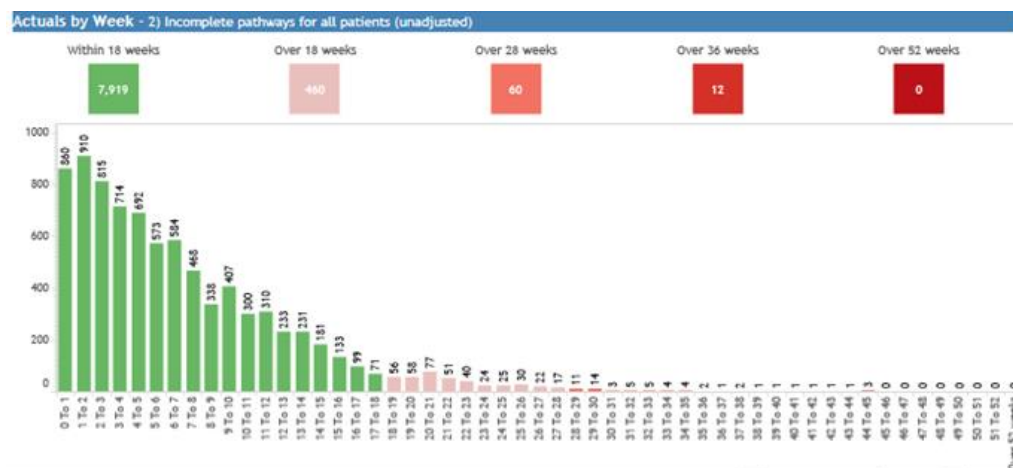
The CCG failed the less than 1% target for diagnostics in July hitting 1.92%, this equated to 39 patients waiting over 6 weeks for their diagnostic test out of a total of 2,036. The diagnostic categories failing were audiology (30), neurophysiology (2), colonoscopy (2) cystoscopy (3) computed tomography (1) and non-obstetric ultrasound. Bridgewater had the 30 breaches for audiology, the Trust have stated they will be reporting zero breaches in September as per their recovery plan. The service has had significant challenge relating to staffing due to the national shortage of Children’s audiologists.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - July	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	16/17 - July	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - July	92%	94.50%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	16/17 - July	92%	94.50%	↓

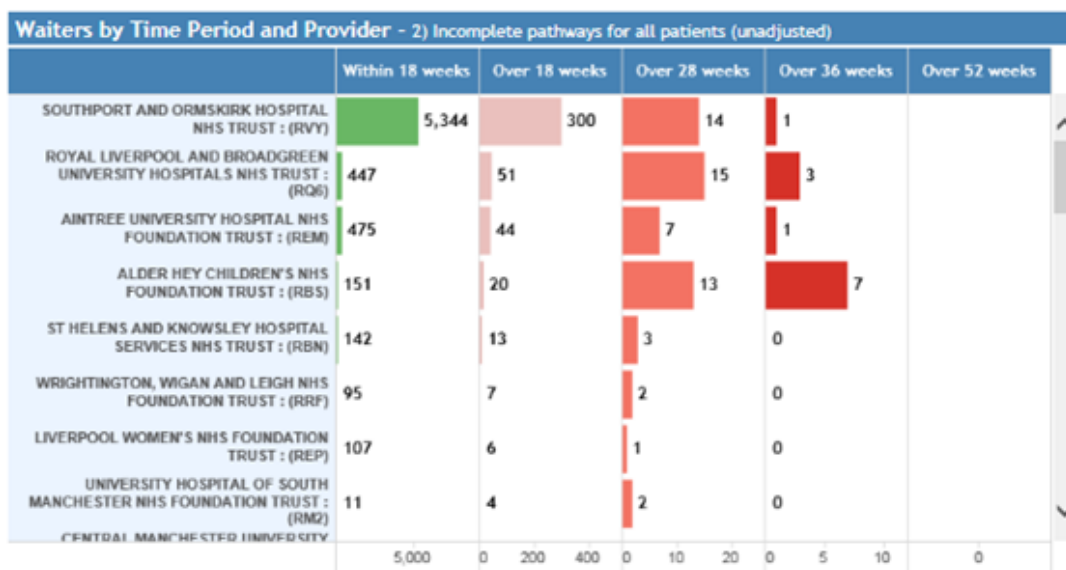
3.3.1 Incomplete Pathway Waiting Times

Figure 9 Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 Patients waiting (in bands) on incomplete pathway for the top 5 providers



3.3.3 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Alder Hey	Other	40	TCI date 19-9-16 – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	41	TCI date 17-8-16 – attended treated – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	43	TCI date 30-8-16 – Audiology – Demand and capacity shortfall
Alder Hey	Other	44	TCI date 12-9-16 – Community Paeds – Demand and capacity shortfall
Alder Hey	Other	44	TCI date 30-8-16 – Audiology – Demand and capacity shortfall
Alder Hey	Other	44	No TCI date – Audiology – Demand and capacity shortfall
RLBUHT	Other	42	Validated – no longer a long waiter

3.4 Cancelled operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Southport & Ormskirk	16/17 - July	0	14	↑ ↓
The Trust recorded 14 cancelled ops, last month where 5 were reported (YTD 41).				

Increases in cancelled activity in July due to shortage of theatre staff as well as anaesthetists and bed pressures. Also there was a number in ENT due to the vacant post. Targeted additional lists will be introduced.

3.4.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Southport & Ormskirk	16/17 - July	0	0	↑ ↔

3.5 Cancer performance

3.5.2 - Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	16/17 - July	93%	95.15%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	16/17 - July	93%	95.70%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - July	93%	88.39%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	16/17 - July	93%	N/A	↔

The CCG failed the target of 93% in July reaching 90.91% for 2 weeks wait for first outpatient appointment for patients referred urgently with breast symptoms, the year to date performance is hitting 88.39%. July's activity equates to 4 breaches out of a total of 44 patients, the number of days waiting ranged from, 15 to 20 days, the reasons for the breaches was patient choice. July is a holiday period, but the position is suggestive of tight capacity and limited flexibility in offering appointments. Capacity within breast clinics will be discussed at a meeting with all local providers on 7th September. The meeting has been convened to look at the current position and future plans in relation to Southport and Formby patients following the closure of the local breast service 2 years ago.

3.5.3 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - July	96%	97.79%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	16/17 - July	96%	98.23%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	16/17 - July	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - July	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	16/17 - July	94%	92.31%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - July	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	16/17 - July	98%	100.00%	↔

The Southport & Ormskirk Trust failed to achieve the 94% for 31 day subsequent treatment for surgery target YTD with a performance of 92.31%. However, in July the Trust reported 0 breaches. The overall failure of the target is due to small numbers, with just 1 patient out of a total of 13 YTD not receiving treatment within 31 days.

3.5.4 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	16/17 - July	85%	84.13%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	16/17 - July	85% (local target)	85.31%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - July	90%	93.33%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	16/17 - July	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - July	85%	82.58%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	16/17 - July	85%	84.50%	↑

The CCG failed the local target of 85% for 62 days consultant upgrade in July and year to date. In July the Trust had the equivalent of 4 breaches out of a total of 21 patients hitting 80.95% (84.13% year to date). The main reason for the breaches was delayed referral between trusts.

For the 62 day standard both the CCG and Southport & Ormskirk failed to reach the plan year to date. The CCG achieved plan recording 94.12% in July (82.58% year to date), only having 2 breaches out of

34 patients. Southport & Ormskirk also hit the target in July with 91.36% but the previous two months breaches are impacting on the year to date position of 84.50%.

3.6 Patient Experience of Planned care

Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (June 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
Inpatients	25%	21.8%	↑	96.0%	94%	↑	2.0%	3.0%	↑
Q1 - Antenatal Care	N/A	-	-	95%	no data		2%	no data	
Q2 - Birth	N/A	1.0%	↓	97%	no data		1%	no data	
Q3 - Postnatal Ward	N/A	-	-	93%	92%	↑	2%	0%	↔
Q4 - Postnatal Community Ward	N/A	-	-	98%	no data		1%	no data	

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three bullet point's inpatients. The trust has seen an increase in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has increased since previous month and is above the England average.

FFT % recommended for Birth and Postnatal Ward has continued to decline, however the not recommended is green at 0% below the England Average. The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016.

The CCG Experience and Patient Engagement Group are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments.

3.7 Planned Care contracts - All Providers

Performance at Month 4 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £456k/3%, which is a continuing variance % throughout the 4 months of 2016/17. This is over performance predominantly caused by two Providers; Renacres, who are showing a £206k/15% year to date variance and Wrightington Wigan and Leigh who have an increase over performance of £105k which is a 41% variance against plan. Other significant over performance can be seen at Aintree University Hospital and Alder Hey Children's Hospital who have a combined over performance of £112k.

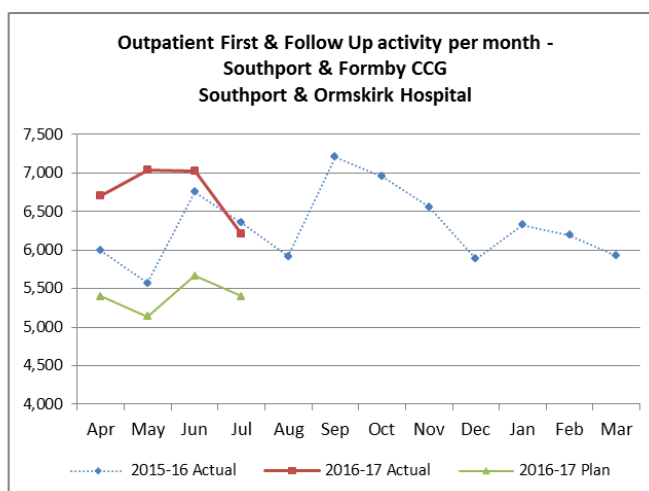
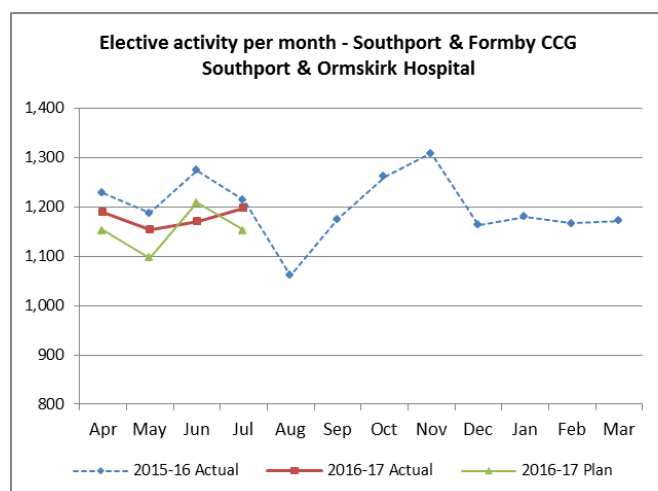
Figure 11 All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	6,007	6,273	266	4%	£1,360	£1,399	£39	3%
Alder Hey Childrens NHS F/T	407	2,547	2,140	526%	£198	£270	£72	36%
Central Manchester University Hospitals Nhs Foundation Trust	79	128	49	63%	£15	£45	£30	202%
Countess of Chester Hospital NHS Foundation Trust	0	24	24	0%	£0	£5	£5	0%
Fairfield Hospital	26	49	23	88%	£4	£13	£9	231%
ISIGHT (SOUTHPORT)	949	1,158	209	22%	£229	£226	£-3	-1%
Liverpool Heart and Chest NHS F/T	728	773	45	6%	£336	£320	£-16	-5%
Liverpool Womens Hospital NHS F/T	824	874	50	6%	£237	£230	£-7	-3%
Renacres Hospital	4,390	5,472	1,082	25%	£1,383	£1,590	£206	15%
Royal Liverpool & Broadgreen Hospitals	5,235	5,302	67	1%	£1,137	£1,115	£-21	-2%
Southport & Ormskirk Hospital	38,171	43,197	5,026	13%	£7,877	£7,927	£50	1%
SPIRE LIVERPOOL HOSPITAL	213	107	-106	-50%	£74	£29	£-46	-61%
ST Helens & Knowsley Hospitals	1,567	1,686	119	8%	£374	£387	£13	4%
University Hospital Of South Manchester Nhs Foundation Trust	67	80	13	19%	£12	£17	£4	36%
Walton Neuro	714	825	111	16%	£158	£172	£13	8%
Wirral University Hospital NHS F/T	104	98	-6	-6%	£34	£36	£2	6%
Wrightington, Wigan And Leigh Nhs Foundation Trust	721	1,028	307	43%	£259	£363	£105	41%
Grand Total	60,202	69,621	9,419	16%	£13,687	£14,143	£456	3%

3.8 Southport and Ormskirk Hospital NHS Trust

Figure 12 Month 4 Planned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	4,064	4,164	100	2%	£2,273	£2,203	£-70	-3%
Elective	546	548	2	0%	£1,428	£1,321	£-106	-7%
Elective Excess BedDays	91	164	73	79%	£20	£36	£15	76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	487	341	-146	-30%	£73	£56	£-17	-24%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	0	87	87	0%	£0	£2	£2	0%
OPFASPCL - Outpatient first attendance single professional consultant led	5,196	6,061	865	17%	£810	£911	£101	13%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,200	872	-328	-27%	£124	£98	£-26	-21%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	0	422	422	0%	£0	£10	£10	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	14,720	17,510	2,790	19%	£1,394	£1,593	£199	14%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	0	1,676	1,676	0%	£0	£27	£27	0%
Outpatient Procedure	8,079	7,876	-203	-3%	£1,438	£1,346	£-93	-6%
Unbundled Diagnostics	3,789	3,476	-313	-8%	£318	£326	£8	3%
Grand Total	38,171	43,197	5,026	13%	£7,877	£7,927	£50	1%



3.8.1 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date over performance of £50k, which equates to less than 1% variance. Outpatient activity has picked up over the past month but changes are expected to be seen in line with the continued CQUIN work focussing on outpatient activity.

Shortages in theatre staff and anaesthetists have impacted on the Trusts ability to deliver elective activity and as such are below plan. This is also having an impact on the referral to treatment target with the Trusts performance reducing in this area.

A small number of patients have driven the over performance in elective excess bed days with one patient alone recording 37 excess days.

3.9 Renacres Hospital NHS Trust

Figure 13 Month 4 Planned Care – Renacres Hospital NHS Trust by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	572	592	20	3%	£585	£640	£56	10%
Elective	81	107	26	32%	£363	£457	£94	26%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,283	1,227	-56	-4%	£189	£181	-£8	-4%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,265	2,571	1,306	103%	£109	£163	£54	49%
Outpatient Procedure	782	492	-290	-37%	£101	£99	-£2	-2%
Unbundled Diagnostics	406	483	77	19%	£38	£50	£13	34%
Grand Total	4,390	5,472	1,082	25%	£1,383	£1,590	£206	15%

3.9.1 Renacres Hospital Key Issues

Renacres over performance of £206k/15% is largely driven by a £150k over performance in Elective Care. Daycase and Electives are over performing by £56k and £94k respectively.

Within Elective care, the majority of the over performance is in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB21C – Major Knee Procedure without CC” over performs by £88k and HB11C Major Knee Procedures without CC over performs by £52k. Further analysis will be undertaken as the contract meeting recently revealed over performance across the other three Ramsey Health sites in the area (Ramsey Health is the provider operating Renacres, and provide services at other hospitals in Lancashire and Manchester, namely Euxton Hall, Fulwood Hall and Oaklands).

3.10 Wrightington Wigan and Leigh Hospital NHS Trust

Figure 14 Month 4 Planned Care – Wrightington Wigan and Leigh Hospital NHS Trust by POD

Wrightington Wigan and Leigh Hospital Planned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	49	56	7	15%	£73	£79	£6	9%
Elective	23	36	13	54%	£123	£199	£77	62%
Elective Excess BedDays	21	0	-21	-100%	£5	£0	-£5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	10	26	16	160%	£1	£2	£1	103%
OPFASPCL - Outpatient first attendance single professional consultant led	94	138	44	47%	£11	£16	£6	53%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	15	41	26	167%	£1	£3	£1	98%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	15	49	34	220%	£0	£1	£1	238%
OPFUPSPCL - Outpatient follow up single professional consultant led	363	515	152	42%	£26	£38	£12	45%
Outpatient Procedure	52	73	21	40%	£9	£14	£4	44%
All Other Outpatients	0	7	7	0%	£0	£1	£1	0%
Unbundled Diagnostics	79	87	8	11%	£9	£11	£2	17%
Grand Total	721	1,028	307	43%	£259	£363	£105	41%

3.10.1 Wrightington Wigan and Leigh Hospital Key Issues

Wrightington Wigan and Leigh over performance of £105k/41% are largely driven by a £77k over performance in Elective Care. Within Elective care, £69k of the over performance is in Trauma & Orthopaedics. Trauma and Orthopaedics has a year to date Elective spend of £190k, with £90k of those costs against a zero plan.

4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - July	95.00%	89.23%	↔	Southport & Formby CCG failed the 95% target in July reaching 87.9% (year to date 89.23%). In July, 476 attendances out of 3931 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - June	95.00%	80.56%	↓	Southport & Formby CCG failed the 95% target in July reaching 78.3% (year to date 80.56%). In July 447 attendances out of 2057 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	16/17 - July	STF Trajectory Target for July 90%	87.90%	↓	Southport & Ormskirk have failed the STF trajectory target in July reaching 88% (year to date 89.23%). In July 1413 attendances out of 11753 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	16/17 - June	95.00%	81.22%	↑	Southport & Ormskirk have failed the target in July reaching 78.3% (year to date 79.97%). In July, 1413 attendances out of 6509 were not admitted, transferred or discharged within 4 hours.

The CCG has updated the targets that are within STF accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance has fallen below agreed STF trajectory in July by 2% reaching 88%. In the second half of the month when activity was more stable performance was above 92% and it was the activity in the first half of the month which resulted in a fall in performance.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	71.50%	↓	The CCG is under the 75% target year to date achieving 71.5%. In July out of 39 incidents there were 13 breaches (66.7%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - July	75%	63.00%	↓	The CCG was under the 75% target year to date reaching 63%. In July out of 571 incidents there were 240 breaches (57.9%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - July	95%	84.80%	↓	The CCG was under the 95% target year to date reaching 84.8%. In July out of 610 incidents there were 118 breaches (80.7%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - July	75%	73.57%	↓	NWS reported just under the 75% target year to date reaching 73.57%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - July	75%	65.60%	↓	NWS failed to achieve the 75% target year to date reaching 65.6%
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - July	95%	91.20%	↔	NWS failed to achieve the 95% target year to date reaching 91.20%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	16/17 - July	0	137	↑	The Trust recorded 137 handovers between 30 and 60 minutes, this is a decline on last month when 121 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	16/17 - July	0	172	↑	The Trust recorded 172 handovers over 60 minutes, this is also a decline on last month when 71 was reported.

Southport & Formby CCG failed to achieve all 3 indicators year to date, (see above of number of incidents/breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	16/17 - July	80%	48.50%	↓	The Trust failed the 80% target in July with only 16 out of 33 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	16/17 - July	60%	33.00%	↑	The Trust failed the 60% target in July with 1 out of 3 (33%) patients who experienced a TIA being assessed and treated within 24 hours.

Performance was 48.5% for the month of July. Two ongoing issues impact on the pathway. These are the lack of beds for emergency admissions and the prioritisation of not mixing sexes within the unit over having the patient in the right place. Performance in August has improved when beds have been available. It is proposed that there is an early supported discharge team.

TIA performance for July was 33.3% - 3 referrals received in total, with only 1 seen within target. The 2 patients who breached the target were referred on a Friday afternoon/ evening.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - July	0.00	1.10	↓	In July the CCG had 5 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. The 5 breaches were at Southport & Ormskirk.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	16/17 - July	0.00	1.70	↓	In July the Trust had 10 mixed sex accommodation breaches (a rate of 1.7) and have therefore breached the zero tolerance threshold. Of these, 5 were Southport & Formby CCG patients, 4 were West Lancs CCG patients and 1 was a South Sefton CCG patient.

Mixed sex breaches are due to the delay in discharge from critical care. The process for nursing patients in critical care has changed and it is expected that this will reduce the number of DSSA breaches due to better use of side rooms across the critical care floor.

The CCG Chief Nurse has liaised across with NHSE regarding current national MSA Guidance.

4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - July	13	16	↑	There was 1 new case reported in July 2016 , year to date 16 cases against a year to date plan of 13. Out of the 16 cases all were reported at Southport & Ormskirk (8 apportioned to acute trust and 8 apportioned to community). Year-end plan 38.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	16/17 - July	12	10 (5 following appeal)	↑	There was 1 new trust apportioned case reported in July 2016 (YTD 10 / YTD Plan 12), Year-end plan is 36.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - July	0	0	↔	There has been no new cases of MRSA reported in July for the CCG against a zero tolerance threshold.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	16/17 - July	0	0	↔	There has been no new cases of MRSA reported at the Trust in July against a zero tolerance threshold.

All C diff cases were reported by Southport & Ormskirk Hospital Trust. Please note: The CCG report on all cases of C.diff (Trust and Community) acquired, the Trust (S&O) only report on hospital apportioned cases. A local appeals panel met 12th August to review hospital acquired cases - of the four cases submitted, all four were upheld. The CCG is also liaising across with the link Infection Prevention Control Matron to review the community attributed C.diff cases for Southport & Ormskirk ICO.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - July	100	98.94	↑ 1
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for April 2016 as a rolling 12 month figure and remains below expected.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the "as expected" range.

4.4 Serious Incidents (SIs) and Never Events

Number of Serious Incidents reported in period April – August 2016/17

There have been 5 serious incidents reported in August 2016 which affected Southport and Formby CCG patients with a total of 20 reported serious incidents year to date for Southport & Formby CCG patients. Of the 5: 2 raised by Southport and Ormskirk Hospitals NHS Trust (S&O), 2 MerseyCare and 1 by Cheshire and Wirral Partnership.

Figure 15 Southport and Formby CCG Incidents Reported By NHS Providers April – August 2016/17

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	YTD
Cheshire and Wirral Partnership NHS Foundation Trust						
Apparent/actual/suspected self-inflicted harm meeting SI criteria					1	1
Mersey Care NHS Trust						
Accident e.g. collision/scald (not slip/trip/fall)meeting SI criteria		1				1
Apparent/actual/suspected homicide meeting SI criteria			2			2
Apparent/actual/suspected self-inflicted harm meeting SI criteria		2	1		1	4
Environment incident meeting SI criteria					1	1
Slips/trips/falls meeting SI criteria		1				1
Unauthorised absence meeting SI criteria		1	1			2
Ramsey Health Care UK						
Slips/trips/falls meeting SI criteria		1				1
Southport and Ormskirk Hospital NHS Trust						
Pressure ulcer meeting SI criteria	1	1		2	1	5
Surgical/invasive procedure incident meeting SI criteria					1	1
The Walton Centre NHS Foundation Trust						
Slips/trips/falls meeting SI criteria		1				1
Grand Total	1	8	4	2	5	20

Figure 16 Serious Incidents by Patient CCG for Southport and Ormskirk NHS Trust

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	YTD
South Sefton CCG						
Confidential info leak/IG breach meeting SI criteria	1					1
Southport & Formby CCG						
Pressure ulcer meeting SI criteria	1	1		2	1	5
Surgical/invasive procedure incident meeting SI criteria					1	1
West Lancashire CCG						
Adverse media coverage or public concern about the organisation or the wider NHS			1	1		2
Diagnostic incident including delay meeting SI criteria (including fai	2					2
Disruptive/aggressive/violent behaviour meeting SI criteria					1	1
Maternity/Obstetric incident meeting SI criteria: baby only					1	1
Pressure ulcer meeting SI criteria			4	3		7
Treatment delay meeting SI criteria		1			1	2
Out of Area						
Maternity/Obstetric incident meeting SI criteria: mother and baby			1			1
Grand Total	4	2	6	6	5	23

There are currently 23 serious incidents on StEIS for Southport & Ormskirk Hospital where Southport and Formby CCG is the responsible commissioner for 2016/17. 12 are pressure ulcers: 7 for West Lancashire CCG patients and 5 for Southport & Formby CCG patients.

Figure 17 Serious Incidents Open on StEIS for Southport and Formby CCG Patients

Year	Provider	No of Open Incidents	
2014	Southport & Ormskirk NHS Trust	2	2
2015	MerseyCare NHS Trust	1	29
	Royal Liverpool Broadgreen	1	
	Southport & Ormskirk NHS Trust	27	
2016	Central Manchester University Hos	1	40
	Cheshire & Wirral Partnership	1	
	MerseyCare NHS Trust	17	
	Oxfordshire University Hospitals	1	
	Ramsay Health Care UK	1	
	Southport & Ormskirk NHS Trust	18	
	The Walton Centre	1	

Both SIs open for 2014 and vast majority from 2015 are pressure ulcers (PU) from Southport & Ormskirk, occurring within community services. The Trust have undertaken an aggregated review of pressure ulcers. Once a composite action plan for pressure ulcers has been finalised and approved by the CCG it has been agreed that all pressure ulcers can be closed on StEIS. The PU composite action plan will be an agenda item at the September CQPG.

Number of Never Events reported in period

There were no Never Events reported in August.

Serious incidents Open > 100 days on StEIS for Southport & Formby CCG

Year	Provider	No of Open Incidents	
2014	Southport & Ormskirk NHS Trust	2	2
	Royal Liverpool Broadgreen	1	28
	Southport & Ormskirk NHS Trust	27	
2016	Central Manchester University Hos	1	11
	MerseyCare NHS Trust	4	
	Oxfordshire University Hospitals	1	
	Southport & Ormskirk NHS Trust	5	

Figure 18 Serious Incidents Open on StEIS > 100 Days Southport & Ormskirk NHS Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport & Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	65
	GP Practice within South Sefton	4	
	GP Practice within Southport & Formby	27	
	GP Practice within West Lancashire	33	
2016	GP Practice within South Sefton	3	15
	GP Practice within Southport & Formby	5	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	4	
	GP Practice within Wigan	1	
	Unknown/Not applicable	1	

There are currently 85 serious incidents on StEIS where Southport and Formby CCG is either the lead commissioner and or is the responsible commissioner which has been open for greater than 100 days.

60 of these relate to pressure ulcers which accounts for the 5 incidents which remain open on StEIS for 2014 and the majority open for 2015. There is an agreement that all pressure ulcer incidents will be closed on StEIS once a composite pressure ulcer action plan is in place. This is currently subject to a contract query, and expected to be agreed at the September CQPG.

There is 1 incident where 3 NHS providers have been involved, 1 case subject to statutory Domestic Homicide process, 1 allegation against a staff member requiring police investigation and 1 baby death which has been subject to Sefton Local Safeguarding Children Board processes. Both Domestic Homicide Review and the baby death have oversight by the CCG Designated Nurses.

All serious incidents are managed via the CCG's internal serious incident meetings. Incidents remain open on StEIS with recommendation for closure once assurance has been provided that system learning has been embedded.

There are regular monthly meetings in place with S&O, MCT and AUH to support engagement and relationship management.

4.5 Delayed Transfers of Care

Agency Responsible	2016-17			
	Apr	May	Jun	Jul
NHS - Patients Delayed	4	5	7	7
NHS - Days Delayed	142	70	141	210
Social Care - Patients Delayed	0	0	0	0
Social Care - Days Delayed	0	0	0	0

In July there were 7 patients (210 days delayed), number of bed days increasing to 210 from 141 last month when there were also 7 patients delayed. There were no Social Care delays reported.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (July 2016)	RR - Trajectory From Previous Month (June 16)	% Recommended (Eng. Average)	% Recommended (July 2016)	PR - Trajectory From Previous Month (June 2016)	% Not Recommended (Eng. Average)	% Not Recommended (July 2016)	PNR - Trajectory From Previous Month (June 16)
A&E	15%	1.5%	↔	85.0%	79%	↔	8%	18%	↑

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

In A&E the percentage of people who would recommend the service has remained 79% but remains lower than the England average. Performance has been consistently poor for FFT throughout 16/17.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG) agenda. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance. A trust presentation is planned for October CQPG.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed. The trust is presenting their patient experience strategy to CQPG in September 2016.

EPEG are currently creating a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

4.7 Unplanned Care Contract Performance

Performance at Month 4 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £722k/7%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £542k overspend.

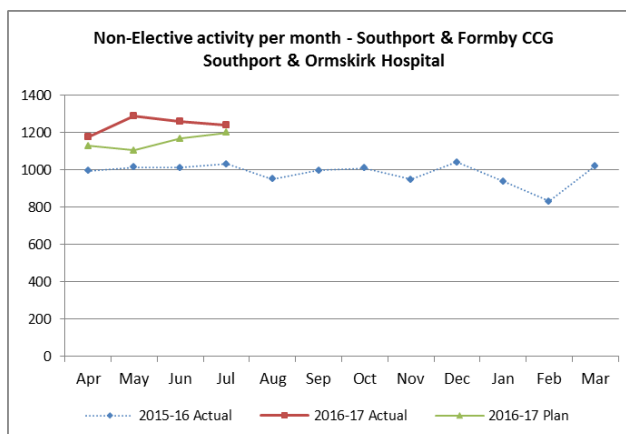
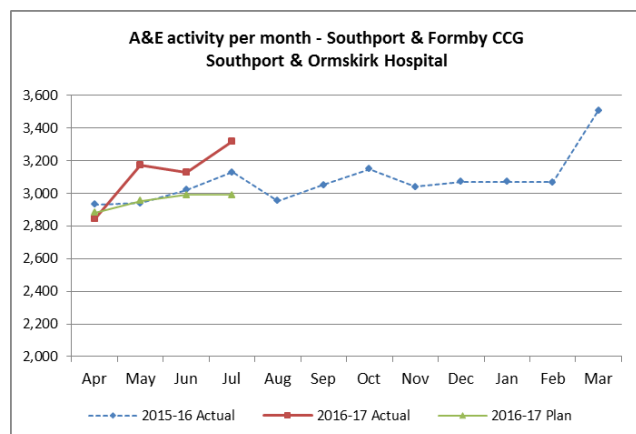
Figure 19 Month 4 Unplanned Care – All Providers

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
ALL Providers								
Aintree University Hospitals NHS F/T	610	575	-35	-6%	£313	£389	£76	24%
Alder Hey Childrens NHS F/T	283	368	85	30%	£140	£155	£15	10%
Central Manchester University Hospitals Nhs Foundation Trust	29	39	10	33%	£10	£13	£3	34%
Countess of Chester Hospital NHS Foundation Trust	0	18	18	0%	£0	£8	£8	0%
Liverpool Heart and Chest NHS F/T	41	54	13	33%	£128	£144	£16	12%
Liverpool Womens Hospital NHS F/T	109	80	-29	-26%	£114	£97	£-17	-15%
Royal Liverpool & Broadgreen Hospitals	465	626	161	35%	£264	£321	£57	22%
Southport & Ormskirk Hospital	19,081	20,621	1,540	8%	£9,715	£10,257	£542	6%
ST Helens & Knowsley Hospitals	141	170	29	21%	£70	£89	£19	27%
Wirral University Hospital NHS F/T	37	21	-16	-44%	£15	£18	£3	18%
Wrightington, Wigan And Leigh Nhs Foundation Trust	21	27	6	31%	£18	£19	£1	7%
Grand Total	20,816	22,599	1,783	9%	£10,787	£11,509	£722	7%

4.8 Southport and Ormskirk Hospital NHS Trust

Figure 20 Month 4 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	11,809	12,461	652	6%	£1,439	£1,493	£53	4%
A and E Type 3	541	623	82	15%	£32	£37	£5	15%
A and E GPAU	270	344	74	27%	£169	£215	£46	27%
NEL/NELSD - Non Elective/Non Elective IP Same Day	3,690	3,945	255	7%	£6,603	£7,100	£497	8%
NELNE - Non Elective Non-Emergency	368	484	116	32%	£696	£575	£-121	-17%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	59	89	30	51%	£19	£23	£4	18%
NELST - Non Elective Short Stay	541	528	-13	-2%	£380	£358	£-22	-6%
NELXBD - Non Elective Excess Bed Day	1,803	2,147	344	19%	£378	£458	£81	21%
Grand Total	19,081	20,621	1,540	8%	£9,715	£10,257	£542	6%



4.8.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Urgent Care over spend of £542k is driven by a £497k over performance in Non Elective activity. The main specialty over performance is General Medicine which is showing a £592k over spend. Further analysis of this has shown that although activity was high in M2, there has been a 7% increase in the average cost of a NEL admission since December 2015. The CCG has formally challenged this significant variation by asking the trust to demonstrate that the variation is not as a consequence of a recording change by the trust. The trust have provided the relevant evidence noting the increased acuity in patients since the introduction of AEC and better management in the community.

In month 4 two high cost admissions have resulted in cost exceeding £10k each which against has had an adverse effect on the current over performance.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 21 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 31/07/2016	2016/17 Plan	Variance from Plan	Variance on 31/07/2015
0 Variance	42	41	1	3
1 Common Mental Health Problems (Low Severity)	1	3	(2)	(14)
2 Common Mental Health Problems (Low Severity with greater need)	6	11	(5)	(15)
3 Non-Psychotic (Moderate Severity)	112	174	(62)	(72)
4 Non-Psychotic (Severe)	194	156	38	66
5 Non-psychotic Disorders (Very Severe)	34	29	5	8
6 Non-Psychotic Disorder of Over-Valued Ideas	28	22	6	2
7 Enduring Non-Psychotic Disorders (High Disability)	128	112	16	14
8 Non-Psychotic Chaotic and Challenging Disorders	69	65	4	6
10 First Episode Psychosis	71	65	6	5
11 On-going Recurrent Psychosis (Low Symptoms)	265	291	(26)	(14)
12 On-going or Recurrent Psychosis (High Disability)	174	153	21	22
13 On-going or Recurrent Psychosis (High Symptom & Disability)	96	100	(4)	(10)
14 Psychotic Crisis	18	11	7	(5)
15 Severe Psychotic Depression	5	6	(1)	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	14	10	4	7
17 Psychosis and Affective Disorder – Difficult to Engage	25	26	(1)	-
18 Cognitive Impairment (Low Need)	235	244	(9)	(8)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	755	787	(32)	12
20 Cognitive Impairment or Dementia Complicated (High Need)	237	202	35	48
21 Cognitive Impairment or Dementia (High Physical or Engagement)	66	53	13	25
Cluser 99	141	123	18	24
Total	2,716	2,684	32	104

5.1.1 Key Mental Health Performance Indicators

Figure 22 CPA Percentage of People under followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16	Jul-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%

Figure 23 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16	Jul-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%	100%

Figure 24 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16	Jul-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	50%	50%	50%	0.00%

EIP recorded 0% for July this was 1 patient who failed to start their package of care within 2 weeks. Additional EIP funding that was agreed early in 2016/17 should start to convert into newly recruited EIP posts from September and by November 2016 they should all be in place which will mitigate against under performance.

5.1.2 Mental Health Contract Quality Overview

At Month 4, MerseyCare are compliant with quality schedule reporting requirements. At the August 2016 CQPG the Trust provided an update on Quarter 1 Complaints and Safer Staffing

Complaints:

- 31 complaints in Quarter 1 (33 issues): 11 upheld, 16 not upheld, 16 resolved locally, 5 partially upheld and 1 not proven
- 6 complaints in relation to Care and Treatment.
- 7 complaints in relation to Staff attitude.
- 6 complaints in relation to Communication.

An internal business case is progressing to develop the complaints investigation team as the Trust experiences difficulty achieving response times within 25 days (currently circa 40%).

The Safer Staffing Report provided a briefing on the nursing inpatient staffing levels for Month 3, in summary

- Reduction in shifts not covered (by 2 registered nurses) reduced from 20 to 16 in June 2016.
- Due to recruitment difficulties some shifts are being covered by 1 registered nurse and 1 nurse support.
- Work continues with Higher Education Institutes to streamline the recruitment process once the Trust has signed off the appropriate nurse competencies.
- A business case is progressing to develop an Associate Nurse role.

Commissioners raised a query was raised regarding correlation between staffing numbers and complaints, the Trust responded that triangulation does take place and there appeared to be no correlation, is any issues are evident then these are monitored through the weekly surveillance group meetings.

Staff shortages are actively discussed at many levels of the organisation, in addition to the Executive, Performance and Investment and Quality Assurance Committees, safe staffing is regularly reviewed at the divisions operational forums; in particular:

- Staffing issues have been presented at the Stand up Thursday executive meeting which further scrutinises staffing concerns.
- Both divisions hold a weekly quality surveillance group and report on all staffing levels issues.
- The quality review visits continue to monitor staffing levels and requirements on clinical areas at each review.

At Southport and Ormskirk Hospitals Trust, two 12 Hour Breaches related to mental health patients have recently occurred, both S&O and Mersey Care are constructing RCAs.

Specific concerns remain regarding the Clock View and Hesketh Centre sites and timely access to assessments and whilst the Trust undertook a Kaizen 'Rapid Improvement Event' with stakeholders focusing on Clock View commissioners have raised at a matter of urgency for the Trust to address ongoing access issues.

5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 25 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167								
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	240	240	240	240	240	240	240	240	240	240	240	240
	Variance	-39	-45	-60	-73								
	%	-16.4%	-18.9%	-25.1%	-30.5%								
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%								
Recovery % ACTUAL - 50% target	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	42.9%	52.7%	48.0%	56.3%								
ACTUAL % 6 weeks waits - 75% target	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%								
ACTUAL % 18 weeks waits - 95% target	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%								
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	112	103	101	98								
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	7	10	3	2								
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	45	49	47	54								
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	86.5%	84.6%	52.1%								

The provider (Cheshire & Wirral Partnership) reported 167 Southport & Formby patients entering treatment in month 4, a decrease of 7% to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.7% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals remained consistent in month 4 with 54.4% being self-referrals. Marketing work is being carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals have also been low with 63 reported in month 4 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 56.3% in month 4, which is above the minimum standard of 50% and an increase from the previous month. A forecast outturn at month 4 gives a year end position of 49.7%, which is slightly above the year end position of 2015/16 (47.9%). However, the provider expects recovery to improve as waiting lists reduce.

Cancelled appointments by the provider saw a decrease of 36.9% from 46 in month 3 to only 29 in month 4. The provider has previously stated that this was attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs also saw a further decrease in month 4 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 97.0% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first four months of 2016/17 for Southport & Formby CCG.

5.2.1 Improving Access to Psychological Therapies Contract Quality Overview

The 15% prevalence access target continues to be monitored on a fortnightly basis and a remedial action plan is currently in place and the current for the CCG is:

NHS Southport and Formby CCG: Quarter 1 – 3.02% against a target of 3.75%, this is an improvement on the same period in 15/16 1.72% against a target of 3.75%.

Contact has been made with the Support Team and they will shortly commence working with the service. In addition to addressing underperformance in the 15% prevalence/access target the Support team will be working with the service provider to reduce the number of high waits that exist from first assessment to subsequent treatment which are unacceptably high.

5.3 Dementia

Summary for NHS Southport and Formby dementia registers at 31-07-2016

People Diagnosed with Dementia (Age 65+)	1,514
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	678
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	70.5%
National estimated Dementia Diagnosis Rate	66.9%
Target	67%

6. Community Health

6.1 Southport and Ormskirk Community Health

6.1.1 EMIS Switch Over

Activity

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

6.1.2 Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

The locally agreed assessment tariff of £25 continues to be used as agreed in the podiatry AQP dataset.

The Podiatry AQP budget is £566,000. At month 4 2016/17 the costs to date is £165,246 compared to the same time last year when it was £125,252. Activity comparisons this year (Southport and Formby CCG activity only) (2,015) compared to last year (1,425) show activity is up however the application of the £25 tariff continues to help with reducing the potential overall costs.

The trust has been asked to provide the diagnostics within the data set and have reported that this will be worked on and included in the future. Definitive timescales still need to be obtained from the trust around this as this information will help to determine that the patients seen are eligible for the AQP.

At month 4 there is evidence that the trust may be experiencing data completeness issues. These will be followed up at the monthly Information Sub Group meetings:

- Incidences where a patient has had two initial appointments from the same referral and have been placed on two different packages of care.

- The data set contains patients recorded as being seen twice on the same day and placed on packages from each attendance that have been charged at full tariff.
- There are incidences of a patient on two different packages of care in the same month that has however been discharged from one and continued to follow up on the other. Both packages have been charged at full tariff. There should have been one charge at best and at worst the discharged event should have been costed at the £25 local tariff.
- The data set also contains at least one patient seen for an initial attendance twice on the same day and placed on two different packages on the same day.
- Another patient has been seen twice on the same day from the same referral, placed on two different packages of care and discharged from both at the initial visit.
- There is a patient recorded as being seen on the same day twice from referrals with different dates. The patient has then been recorded as being placed on the same package twice. One of the events has a date of discharge and both events have been charged at full tariff.

Adult Hearing

The Adult Hearing Audiology budget is £248,000 however this needs to be reviewed in the light of 3 year reviews that will be coming up in 2016/17.

At month 4 2016/17 the costs are £137,766. The costs at the same time last year were £169,042 at month 4 2015/16. Comparisons of activity between the two time periods shows that activity is slightly higher in 16/17 compared to 15/16 with the same period last year affected by the three year reviews being seen and the allocated budget not being uplifted to accommodate the effect of this.

There are still duplicate records within the data set received for month 4 2016/17 however this remains under review and investigation by the trust.

As last month the trust has failed to achieve Assessments to be completed within 16 working days following receipt of referral target, unless patient requests otherwise. The target is 90% and the July 2016 position is **56.45%** and this is below target and worse than last month.

The target for Hearing Aids to be fitted within 20 working days following assessment, unless patients requests otherwise has been failed in July. The target is 90% and at July 2016 this is **40.85%**. This is a decline in performance on the May reported position.

Appointments are offered within 10 weeks of fitting, unless there are clear, documented, clinical reasons to do otherwise, or the patient chooses to wait beyond this period -90% Target. At July 2016 performance is on target at **95%** and this is an improvement on the performance last month.

At month 3 (latest reported position) **100%** of patients undergo objective measurement at first fitting where clinically appropriate (exceptions reported in IMP) - 95% Target.

In July 2016 **93.59%** of Patient records and associated letters/reports have been completed and sent to GP within 5 working days of hearing/ assessment fitting/follow up against a target of 95%. This is a decline on last month's performance when the target was achieved.

At month 4 **94.87%** of patients have a personalised care plan - All patients have an individual care management plan-100% Target.

In July 2016 **100%** patients reported reduced social isolation - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted.-90% Target.

In July 2016 100% of patients reported an improved Quality of Life - Improvement in GHABP/COSI/IOI-HA outcome measure after hearing aid fitted- 90% Target.

The Trust states that the following indicators are not applicable as the service operates an open access policy:

- Where patients request this, a quicker follow up is offered within 5 working days. 90% Target
- Where required, additional face to face follow-ups are offered within 7 working days of non-face-to-face follow up. 90% Target

The following indicators have not been reported:

- Percentage of patients still wearing hearing aids at review stage - Not recorded

The following are reported direct from the service on a quarterly basis or as part of the patient questionnaire:

- Increased choice and control of when and where treatment is delivered
- Service user experience
- Peer satisfaction of service
- Service improvement
- Reducing inequalities
- Reducing barriers

MSK

The budget for 2016/17 is £76,000. At month 4 the MSK AQP costs are £26,227 (Southport and Formby CCG patients). At the same point last year it was £24,731.

Last year the costs and activity were affected by the presence of duplicates in the received data sets. The trust made amendments that were in the month 12 data set, however at month 1 this issue appears to be resolved with no duplicates present. This will still need to be monitored going forward. The commissioner needs to ensure that the appropriate credit notes were issued for 2015/16 in relation to the duplication issue.

At month 4 there are a small number of duplicate records costed within the data set. Previously last year the data set also included patients where a tariff is present and the outcome had been recorded as "NULL" and this was raised with the trust also. This was initially corrected after investigated by the trust, however the current data set at month 3 and 4 contains patients with "NULL" with a tariff cost of £156.

The data set also contains patients with an outcome of null and a discharge date, that have however have been costed at £156 instead of £41.40.

There are patients with a "Null" outcome and a diagnosis that would imply the outcome should be a further appointment.

The data sets received still need to continue to be data quality checked to identify any issues on an on-going basis. There is likely to be issues during 2016/17 with the migration to EMIS.

The following KPIs have missed the target in July 2016:

- 90% of patients for non-urgent referral are offered an initial assessment appointment within 10 working days from receipt of referral. The July 2016 YTD position is 53.27%.
- 90% of patients sampled to have an individual care management plan (minimum sample size is 20% of all patients) The July 2016 YTD position is 74.29%, a decline on last month.
- Patient records and associated letters/ reports completed and sent to GP within 5 working days of initial assessment and follow up. The July 2016 YTD position is 83.82% against a target of 95%.

The trust is still unable to report on a number of key indicators as follows:

- 100% of patients to be asked to complete a validated PROMS before treatment and afterwards
- 95% of patients sampled should report overall satisfaction with the service
- 95% of patients from protected characteristic groups (PCGs) should report overall satisfaction with the service
- 95% of all sampled GP referrers should report overall satisfaction with the service
- Professional registration and evidence of clinical governance
- Patient experience questionnaires and peer satisfaction surveys to capture areas for improvements. 100% of recommendations made and agreed with Commissioners are addressed
- Safe and appropriate environment that meets the necessary professional standards according to NHS T&Cs and their own professional body.
- An integrated patient pathway, which facilitates signposting to wider communication/social support services (where appropriate)
- SUIs, PSIs and complaints should be dealt with in line with Commissioners policy"

6.1.3 Quality Overview

New local KPIs and Quality specific measures are being developed; these will be incorporated into the 16/17 Quality Schedule reporting templates.

NURSE RECRUITMENT HIGHLIGHTS

Local Recruitment

- We continue to work closely with HEIs to proactively manage qualifying students into posts.
- Return to practice campaign started nationally and will run locally in parallel.
- We are working in partnership with a number of providers and Edge Hill University to provide support and employment for the Associate Nurse Programme.

Southport College – Acorn Programme

We are working in conjunction with Southport College and the University of Cumbria to devise a local nurse training programme. This would enable nurses to be recruited through the college and via our own HCAs. They would be trained in conjunction with the University of Cumbria but delivery would be at the college and on both the OGDH and SDGH sites.

Currently Southport College has over 600 students on courses that are part of the Healthcare Education Pathway. Nurse training is provisionally expected to commence with a cohort of 20 students in September 2017.

Southport College are also training 20 students with no healthcare experience to begin a healthcare foundation courses. This will commence in September 2016.

6.2 Liverpool Community Health Trust

A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line. A number of data validation queries were sent to the Trust and we received the following comments;

- Community Cardiac: Referral levels have decreased due to a change in practice from Aintree. Discharges from Aintree were historically automatically referred to the South Sefton team but this is no longer the case. In addition cardiac rehab referrals are referred elsewhere. Contacts are now more reflective of the complexity of the patients.
- Phlebotomy: a refresh of data in month 4 shows the proportion of domiciliary to outpatient contacts being more in line with data reported last year. Phlebotomy relatively recently moved to EMIS Web. There were some initial DQ issues with data capture and additional training was provided on location of contact. This is reflected in the refreshed figures.
- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. This issue continued in Jun-16 and Jul-16 with no contacts being reported, yet a high caseload of 208 and 206 remained. The Trust has informed the CCG that this is a coding issue and our Trust contact is currently trying to speak to the service lead to understand the issue. The service is adding consultations to the system but they are not using a specific code that the Trust uses for their contract reporting. The service has completed the following consultations this year: Apr – 99, May – 173, June – 153, July – 112 and August 184. The Trust hopes to be able to report these via normal channels from September.
- Community matrons: contacts appear to be gradually increasing throughout the current financial year. Referrals are increasing and the Trust is forecasting that referrals will be over 10% higher than last year and significantly higher than previous years. Contacts are increasing as a result of this. The caseload has decreased due to matrons reviewing and discharging patients more appropriately.

Waiting Times

Waiting times are reported a month in arrears. The following issues are still outstanding in June; Adult SALT: Waiting times appear to be improving with an average of just 7 weeks on the incomplete pathway in June 2016, 28 weeks on the completed pathway and the longest waiter at 11 weeks. Recent long waiting times have been due to the service only having 2-3 staff. The Trust has recruited a locum and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: The reporting process is set up for this and the Trust has retrospectively looked at it. For June the 92nd percentile wait was 42 weeks.

7. Third Sector Contracts

Following on after review of all discretionary CCG spend, it has been agreed that funding for Sefton Cancer Support, PSS and Sefton Carers Centre (Care 4 You) will cease from 1st December 2016. In addition to the termination of these contracts, services funded to the Contract value of £0 to £50,000

will incur a reduction of 7% and services funded to the Contract value of £50,000 and above will incur a reduction of 13% within this contract year. These reductions are to take effect from 1st December 2016.

Letters informing providers of these changes have been sent to all and further consultation where required has been facilitated by commissioners.

8. Primary Care


8.1 Background

We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. Requirements will be discussed at CCG Senior Management Team in October.

8.2 CQC Inspections

A number of practices in Southport and Formby CCG have been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There has been one further inspection result published in the last month see below:

Churchtown Medical Centre **Requires improvement**

 137 Cambridge Road, Churchtown, Southport, PR9 7LT
 (01704) 224416
 Provided by: Churchtown Medical Centre

CQC inspection area ratings
 (Latest report published on 17 August 2016)

Safe	Requires improvement	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	

CQC Inspections and ratings of specific services
 (Latest report published on 17 August 2016)

Older people	Requires improvement	
People with long term conditions	Requires improvement	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Requires improvement	
People experiencing poor mental health (including people with dementia)	Requires improvement	

[Full Details >](#) [Share your experience](#) [Email alert sign-up](#)

9. Better Care Fund

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work is underway to further develop these plans by October 2016 for implementation. In the meantime we have submitted a Quarter 1 performance report to NHSE.

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Preventing People from Dying Prematurely																
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	97.273%	94.333%	94.561%	94.702%										95.151%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R	R									R	
		Actual	100.00%	80.556%	80.00%	90.909%										88.387%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	98.592%	96.053%	98.958%	97.297%										97.792%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31- Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	100.00%	100.00%	100.00%	100.00%										100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	G										R	
		Actual	88.57%	70.732%	80.851%	94.118%											82.803%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R										G	
		Actual	100.00%	100.00%	100.00%	66.667%											93.333%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Ambulance

1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	Southport And Formby CCG	RAG	R	G	G	R										R	
		Actual	55.56%	86.50%	76.90%	66.67%											71.516%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R											R
		Actual	76.47%	74.28%	73.06%	70.45%											73.564%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R										R	
		Actual	67.46%	66.26%	66.20%	62.69%											65.601%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R											R
		Actual	65.29%	67.40%	61.70%	57.90%											62.97%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R										R	
		Actual	92.01%	91.47%	91.49%	89.81%											91.172%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R											R
		Actual	89.19%	87.40%	82.50%	80.67%											84.867%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	275	298	192	309									1,074
		Target													
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	Actual	173	134	71	172									550
		Target													

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G											G
		Actual	100.00%											100.00%
		Target	95.00%		95.00%		95.00%		95.00%		95.00%		95.00%	

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	50.00%	50.00%	50.00%	50.00%										50.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R									R	
		Actual	11	5	2	5										23
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	G									R	
		Actual	2.89	1.51	0.57	0.00										23.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics																
1291: Referral to Treatment RTT (Incomplete) Percentage of patients waiting at period end (RTT) for incomplete pathways (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	95.20%	94.882%	94.317%	94.51%										94.49%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R									R	
		Actual	0.374%	0.68%	2.10%	19.16%										1398%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G									G	
		Actual	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI																
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G									R	
		YTD	0	0	0	0										0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G									G	
		YTD	5	11	15	16										16
		Target	6	9	13	18	20	24	27	29	29	29	32	38	20	

Accident & Emergency															
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R								R	
		Actual	88.596%	89.772%	90.923%	87.978%									89.313%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1927: A&E Attendances: All Types Number of attendances at all A&E depts	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R								R	
		YTD	11,005	22,825	34,106	45,859									45,859
		Target	9,604	19,165	28,677	38,910	48,425	57,831	67,792	77,264	87,169	96,339	105,003	115,228	38,910
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	G	G	G								R	
		Actual	1	0	0	0									1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY July 2016

Agenda Item: 16/145	Author of the Paper: Danielle Love Programme Lead – Community Services Procurement Email: danielle.love@southportandformbyccg.nhs.uk Tel: 07917 551 806						
Report date: 19 September 2016							
Title: Corporate Risk Register and Governing Body Assurance Framework Update							
Summary/Key Issues: The Governing Body is presented with the updated CRR and the GBAF as at September 2016. The CRR and GBAF have both been reviewed and updated by members of the leadership team.							
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table border="1"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives (X those that apply)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>X those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Reviewed by Senior Management Team.

Links to National Outcomes Framework (<i>X those that apply</i>)	
X	Preventing people from dying prematurely.
X	Enhancing quality of life for people with long-term conditions.
X	Helping people to recover from episodes of ill health or following injury.
X	Ensuring that people have a positive experience of care.
X	Treating and caring for people in a safe environment and protecting them from avoidable harm.

**Report to Governing Body
September 2016**

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at September 2016.

The CRR and GBAF have both been reviewed and updated by members of the leadership team.

2. Position Statements Q2 2016/17 (September 2016)

2.1. Governing Body Assurance Framework (GBAF)

There are a total of 7 risks against the 6 strategic objectives for Southport & Formby CCG:

One new risk has been added to the GBAF (Risk 3.2).

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	4
Extreme	15 - 25	2

GBAF Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks (c) new risks:

GBAF Highlights	Update
1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	<ul style="list-style-type: none"> PMO structure now in place and all schemes have supporting “plans on a page” Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee
3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans Emergency Planning training taken place in last 12 months Corporate Governance Group has responsibility for ensuring compliance CCG Statutory Lead is Chief Delivery and Integration Officer

GBAF Highlights	Update
6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	<ul style="list-style-type: none"> New integrated commissioning group now established Initial meeting held regarding development of multi-disciplinary teams

2.2. Corporate Risk Register

There are 16 operational risks recorded on the Southport and Formby CCG CRR as at September 2016:

- 5 new risk has been recorded – SF036, SF037, SF038, SF039, SF040
- 2 risks have been closed.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	10
Extreme	15 - 25	6

CRR Highlights

Please see the following which updates on the extreme risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF006	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	QIPP Committee is now operating well and receiving regular updates on QIPP progress Leadership Team receives update on QIPP The QIPP Committee received update on discretionary spend in September and will receive additional update in November.	15
SF016	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	S&O have appointed to the COO position and new interim CEO in place CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16.	16
SF021	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	CCG now formally part of North Mersey LDS CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16.	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SF026	There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	AQUA review on mortality completed and agreed findings Royal College review concluded and report received to be verified Governance review due by 9 Sept 16. Session on 9 Sept 16 to triangulate findings with recommendations to GB end Sept 16.	16
SF027	There is a risk that the Alliance Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers	The mitigated risk has increased due to evolving provider federation views on patient flows, met with strategic lead and agreeing joint approach to ensure commissioner perspective remain at the forefront The CCG is now part of the North Mersey LDS. Revising North Mersey LDS activity and finance plans to reflect inclusion of S&F CCG.	16
SF040	NEW RISK There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Establish a revised integrated commissioning group Agree joint commissioning priorities Development of a route map for integration Initial pooled budget arrangements within BCF agreed Further develop of pooled/aligned budgets Joint CCG and Public Health Plan	16

3. Appendices

- Appendix A – Corporate Risk Register
- Appendix B – Governing Body Assurance Framework

Danielle Love
September 2016

Corporate Risk Register

Current Version	v2	Quarter Update	Q2
Previous Version	N/A	Updated Date	Sep-16
Document File Path	"W:\Risk\Southport & Formby CCG\CRR\2015-16\20160919 - SFCCG CRR - v2 - Q2 Update.xlsx"		

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF001	Prior Q3 2013/14	BUO001	Karl McCluskey		There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 5. Clinical meetings with Cancer Leads and Manager. 6. Managerial lead for cancer has action plan in place. 7. Weekly and monthly monitoring through SMT and contractual performance. 8. RCA for any 62 day breaches 10. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team). 11. Integrated Performance Report developed and presented to Governing Body. 12. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn	The likelihood score remains higher than the initial score due to lack of sustained month on month performance. Performance has improved and targets have been achieved in month 4 however due to ongoing consultant vacancies across a variety of specialities and the anticipated junior doctors strikes month on month performance will remain challenged.	4	3	12	Sep-16	↔
SF002	Apr-15	BUO017	Tracy Jeffes		CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over blueprints Clear role out plan for use of Aristotle	QIPP decision to move to bi-monthly locality meetings has potential to reduce engagement	3	4	12	Sep-16	↔
SF006	Revised Q3 2015/16	FIN009	Martin McDowell		Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position	4	5	20	QIPP Committee established and meet monthly. Review of discretionary spend to go to GB end July Monthly review with NHSE Revised control total agreed (£4m deficit) with NHSE	Management responses to PWC report compiled in an action plan - under leadership from DF QIPP Committee is now operating well and receiving regular updates on QIPP progress Leadership Team receives update on QIPP The QIPP Committee received update on discretionary spend in September and will receive additional update in November.	3	5	15	Sep-16	↔
SF011	Q3+1 January 2015	QUA011	Karl McCluskey		Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	Early indications of reduced DNAs and heightened level of self-referral Target remains challenging in terms of patient numbers Requested expert team to support the CCG in improving performance	4	3	12	Sep-16	↔

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF016	Apr-15	QUA024	Karl McCluskey		Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and feed into Governing Body. 2. Operational Service level meetings held: currently weekly. 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body	3	3	9	Recovery plan to be agreed and implemented	The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance. S&O have agreed a recovery plan and trajectory to achieve 4 hour target by end March 2017 with NHSI Trust undertaking work to enhance patient flow and enable bed capacity at Southport site Joint risk summit with NHSE held in May 2016 - arrangements put in place for ongoing interim Executive leadership S&O have appointed to the COO position and new interim CEO in place CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16.	4	4	16	Sep-16	↔
SF021	Apr-15	QUA033	Karl McCluskey		There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in poor patient care	1. Jointly commissioned independent sustainability review being undertaken by Deloitte in agreement with West Lancs CCG, Southport & Ormskirk Hospital and Southport Forby CCG	5	4	20	Determine CCG requirements for in hospital services Enhance clinical engagement to inform clinical model	CCG now formally part of North Mersey LDS CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end Sept 16.	5	4	20	Sep-16	↔
SF026	Q1 2016/17	QUA043	Karl McCluskey		There is a risk that stroke services fall below the required performance and quality standards resulting in poor patient care	1. Monthly review of stroke performance incl. SSNAP 2. Monthly review of constitutional targets and mortality	4	4	16	External review required	AQUA review on mortality completed and agreed findings Royal College review concluded and report received to be verified Governance review due by 9 Sept 16. Session on 9 Sept 16 to triangulate findings with recommendations to GB end Sept 16.	4	4	16	Sep-16	↔
SF027	Q1 2016/18	QUA044	Karl McCluskey		There is a risk that the Alliance Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers	1. CCG formal member of the Alliance LDS 2. Modelling work on patient flows has commenced	3	3	9	Identify gaps and Priorities Confirm CCG stance on LDS membership Agree approach with fellow commissioners to manage provider federation consequences Build a clinical model with S&O clinicians	The mitigated risk has increased due to evolving provider federation views on patient flows, met with strategic lead and agreeing joint approach to ensure commissioner perspective remain at the forefront The CCG is now part of the North Mersey LDS. Revising North Mersey LDS activity and finance plans to reflect inclusion of S&F CCG.	4	4	16	Sep-16	↔
SF028	Q1 2016/17	QUA045	Jenny Kristiansen		Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRo to raise at quality committee. HRo to add to corporate risk register.	4	5	20	• All providers informed of risk • LCH & Aintree have this on their risk registers • Pan Mersey Sub Group informed • All organisations to follow guidance from governance leads within their organisations • Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. • An update to be presented at the August Quality Committee Meeting • A meeting will be held with all providers to work up a longer term solution.	Data received from Data facilitators. Meetings and discussions have been held with providers separately. Next steps regarding setting up reviews for patients being prescribed from primary care will be discussed and planned at the Community Respiratory Meeting on Wednesday 21st September 2016.	4	3	12	Sep-16	↔

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF034	Jun-16	N/A	Tracy Jeffes		There is a risk that changes to services caused by current financial position results in inability to deliver on strategic objectives and the reputation of CCG	1. Clear plans are being created which are going through a rigorous governance and decision making 2. Plans to have full quality and equality impact assessments 3. Effective consultation and engagement with key stakeholder and the public 4. Clear communication of changes to any services	4	4	16	1. Clear QIPP plans being developed 2. Governance arrangements reviewed to strengthen effective decision making 3. Planning for future communications/ engagement activities if required 4. Clear plans for alternatives if required and clear communication of these	Proposed disinvestment within the VCF sector now communicated pending consultation and final decision Medicines waste pilot now live - ongoing evaluation and engagement with key stakeholders	4	3	12	Sep-16	↔
SF035	Jun-16		Tracy Jeffes		There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services	1. Participating in the Health Education North West workforce planning process. 2. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work'	4	3	12	1. Through STP process seek additional investment to fill identified gaps 2. Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery	Ongoing work through STP	4	3	12	Sep-16	↔
SF036	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capsick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	Discussed at QSG regarding plans for lessons learned in May & July 2016 Discussions at Quality Committee in May and July 2016 & GB July 2016 Meeting of MPs by Chief Officer July & Aug 2016 Chronology of CCG involvement in performance management of provider - ongoing to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MIAA review Sept 2016	New risk	3	4	12	Sep-16	NEW
SF037	Sep-16	N/A	Debbie Fagan	Quality	Provider quality of care provision for some services negatively impacted by Transaction process	Transaction Board CQOG CCF CQPG LCH Improvement Plan QSG	3	4	12	Report through to CQPG and Chief Nurse having regular meetings with Director of Nursing on plans and issues	New risk	3	4	12	Sep-16	NEW
SF038	Sep-16	N/A	Karl McCluskey		There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/ commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through CQPG	New risk	4	3	12	Sep-16	NEW
SF039	Sep-16	N/A	Jan Leonard		There is a risk of a gap in service for paediatric audiology due to the current provider serving notice on the service.	Contract has a 6 month notice period	5	4	20	1. Contacted alternative provider 2. Paper on options to go to Leadership Team	New risk	4	3	12	Sep-16	NEW
SF040	Sep-16	N/A	Tracy Jeffes		There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams	4	4	16	Establish a revised integrated commissioning group Agree joint commissioning priorities Development of a route map for integration Initial pooled budget arrangements within BCF agreed Further develop of pooled/aligned budgets Joint CCG and Public Health Plan	New risk	4	4	16	Sep-16	NEW

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
SF004	Revised Q1 2015/16	FIN003	Martin McDowell		<p>Changes in patient flow causes financial issues, due to increases in activity overall and the financial implications on the 15/16 Financial performance of the CCG. Increased activity has resulted in a QIPP saving required of 6.1 million to be delivered for 15/16.</p> <p>Predominant risk areas are: CHC and Urgent Care which have both seen significant growth in demand. Significant QIPP scheme to be delivered during year totalling 6.1million.</p>	<ol style="list-style-type: none"> 1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position 5. QIPP Working Group established and meet monthly. 6. CHC Working Group established 	4	3	12	<p>Monthly QIPP Working Group have robust interrogation from acute provider to identify any inaccuracies in coding.</p> <p>CHC Working Group with robust management of CHC finance team to ensure finances are actioned. Processes in place to eliminate financial waste.</p> <p>Savings totalling £1m have been identified to date with a further £5.124 to be realised recurrently for 2015/16. Financial recovery plan is being developed for submission to NHS England</p> <p>CHC working group has delivered £0.569m savings through pro active case management and additional leadership support. Have seen significant pressures emerging in the acute sector (including Independent Sector), along with unidentified QIPP has resulted in the CCG declaring a nil surplus against a target surplus of £1.8m.</p> <p>Note Q1: Further increase in risk rating requested by Lead. Likelihood increased from 4 to 5. Rationale being that a fully worked up QIPP plan has still not been identified.</p>	<p>CLOSED</p> <p>Financial risks combined into SF006</p>	5	4	20	Jun-16	
SF005	Q3 Dec 2014	FIN008	Martin McDowell		<p>Reductions in local authority expenditure may impact on NHS services and delivery of BCF schemes</p>	<ol style="list-style-type: none"> 1. Monitoring progress of BCF schemes 2. Continued work with local authority 	4	3	12	<p>Further cuts identified in public health on top of previous plans. Joint working has commenced to understand scale of cuts across Sefton. P4P target is not being met at present (6% behind baseline as at July 2015)</p>	<p>CLOSED</p> <p>Financial risks combined into SF006</p>	4	3	12	Jun-16	
SF014	Apr-15	QUA021	Tracy Jeffes		<p>Impact on ability to deliver as a result of not being able to maintain Commissioning Support Services, neither via sustainability of existing services from NWCSU nor suitability of locally responsive Commissioning Support Services through the LPF</p>	<ol style="list-style-type: none"> 1. Working collaboratively with Merseyside and Cheshire CCG's as part of Transformation Board to identify and look at any concerns regarding sustainability. 2. Collaborative working with neighbouring CCGs to secure best value for money from the LPF 	4	3	12	<p>Transition to new CSU achieved, mobilisation complete and new CSU services fully operational</p> <p>Fully mitigated suggest risk closed</p>	<p>CLOSED</p> <p>CSU now transferred to Mids and Lancs CSU.</p>	1	1	1	Jun-16	
SF003	Dec-15	BUO018	Mel Wright		<p>Lack of available resource will lead to the inability to share budgets across health and social care impedes ability to realise benefits of health/social care integration within new Admission Avoidance and Transition from Hospital Scheme (Intermediate Care)</p>	<ol style="list-style-type: none"> 1. Risk identified and shared at BCF Review meetings as part of BCF Risk Register. 2. Full costing of scheme prepared. 3. Ongoing dialogue maintained with SMT and LA leads, appraisal of progress towards wider integration and pooled budget. 	5	3	15	<p>Feasibility test of scheme undertaken by SMT, the decision to not continue with this scheme was made</p>	<p>CLOSED</p> <p>Scheme no longer implemented</p>	5	3	15	Jun-16	
SF007	Prior Q3 2013/14	QUA002	Debbie Fagan		<p>Need for clarity of roles and responsibilities between Safeguarding Hosted Service, CSU CHC team and LCH Provider Safeguarding Team to enable CCG to discharge their safeguarding function. Need for further clarity between health and social care commissioning / safeguarding for vulnerable adults.</p>	<ol style="list-style-type: none"> 1. Regular 1:1 meetings between safeguarding adults lead in hosted service and CHC locality lead. 2. Identified a single point of contact system for Safeguarding Adults between the Safeguarding Service and hosted service. 3. Standard Operating Procedure developed, includes recommendations as per review. 	4	5	20	<p>Awaiting feedback from Quality Committee on draft SOP - April 15</p> <p>Review required on the needs of the Sefton patch in order to determine commissioning responsibilities and necessary specification. - TBC</p> <p>To obtain the recommendations from Liverpool Community Health's internal Safeguarding review that explored the role of the Safeguarding Adults team. Part 1 received: Awaiting part II which looks at progress against ongoing recommendations. - March 15</p>	<p>CLOSED</p> <p>delineation of safeguarding services is now clear from commissioning perspective. Opportunity to raise any ongoing issues available via formal and informal meeting structure. Head of vulnerable people in post for CCG who is able to identify any early signs of operational issues</p>	1	5	5	Jun-16	

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SF008	Q3 2013/14	QUA006	Debbie Fagan		Providers RAG rating in relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust.	1. Assurance process paper presented to LSCB on processes in place. 2. RAG rating monitored via Quality Contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust. 3. Monitored through quality contract meetings with CSU 4. Agenda item for discussion at provider Quality Contract meetings. 5. Safeguarding performance discussed at Quality Committee. 6. Process developed between CSU and Safeguarding service to further develop information flow across the two services. 7. Quality 'Walk Around' carried out with feedback and outcomes reported to Executive Nurse, contract meetings, Quality Committee. 8. Contract reviewed to ensure in line with KPI's 9. Quality Surveillance agenda item for February 2015.	4	4	16	- Formal processes now in place and reportedly working well between provider, CSU and Safeguarding Services. Systems in place between CSU and Safeguarding Services which is working well. Quality and performance function in-house from 1st June which will enable tighter controls. - Increased level of assurance reported from CCG Safeguarding Service for the main commissioned providers. One contract query was issued in March 2015 and remains open. Although action plan has already been put in place in response to the contract query. Contract query remains in place with Southport & Ormskirk hospital due to limited assurance still being reported by CCG and Safeguarding Services. Is being closely monitored. Contract Query remains in place with S&O. Discussion of other provider performance where CCG is not the co-ordinating commissioner discussed at QC in September 2015. Chief Nurse in contact with co-ordinating CCG to discuss concerns raised at the QC and for the purposes of assurance that all providers are being performance managed using a consistent approach. Awaiting formal Q1	CLOSED Contract governance mechanisms in place to monitor provider status fed through Quality Committee performance managed at CQPG and QSG	1	4	4	Jun-16	
SF009	Q1 2014/15	QUA008	Debbie Fagan/ Brendan Prescott		Lab results not being communicated to GP practices (from the Lab provider) due to IT system/technical issues that may have an impact on patient safety.	1. Raised as an issue at the Quality Committee and Contract meetings. Director of Public Health notified. CCG comms notified. 2. GP clinical lead identified within CCG 3. Steering group set-up with reps from lab provider, local CCGs, I-Merseyside, Aintree Hospitals, NHS England and St Helens and Knowsley Informatics. Remains agenda item for discussion at Aintree CQPG and Aintree Collaborative forum. 4. Task and Finish Group established and receive progress and lessons learnt are discussed.	4	5	20		CLOSED Duplication from SSSCCG risk register any lessons learned in SSSCCG will be fed through to SFCCG providers	1	5	5	Jun-16	
SF019	Apr-15	QUA028	Brendan Prescott		Unable to deliver Personal Health Budgets (PHB) to patients as a result of CCG not having a governance system nor process in place to develop the provision of personal health budget's (PHB) to eligible patients choosing the PHB option.	1. CCG/CHC Steering Group: issue raised with CHC team leads and strategic leads 2. Specification developed for PHB support 3. Fixed term 1 year role Programme Manager Role agreed 4. Regular Local Authority meetings held	3	3	9		CLOSED Policy now in place and approved by GB in March 16 regular contact at Northern Region level on national developments Proposed PHB in place	1	3	3	Jun-16	
SF032	Jun-15	STA037	Debbie Fagan		Risk that patients could be harmed or receive inadequate care as a result of commissioned provider unable to deliver within statutory timeframes the health outcome information to be inserted into Education & Health Care Plans (EHCP) for children and young people with Special Educational Needs & Disability (SEND)	1. CCG systems and processes in place 2. CCG members of SEND Steering Group 3. Children's Commissioning Manager in regular contact with LA and provider to support system and flow 4. Regular reporting of position to Leadership Team	5	4	20		CLOSED Provider now continuing to meet statutory timeframe Update to May 2016 GB Continued monitoring of process via Childrens commissioning manager as service transitions to alternative provider Any issues identified will be escalated and mitigated appropriately	2	3	6	Jun-16	

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Trend
	Q3+1 January 2015	QUA011	Jan Leonard		The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	CLOSED Meeting held with existing breast providers issues recognised and picked up by breast CNG assurances given by current provider that follow up service will continue.	1	3	3	Sep-16	↓
SF031	Q1 2016/17	REP037	Karl McCluskey		There is a risk that the Local Authority will not agree to a joint Better Care Fund (BCF) plan caused by failure to agree CCG to fund social care	1. Operating structure as part of HWB and BCF	5	5	25	CCG standalone BCF plan to be drafted	CLOSED BCF now agreed	5	5	25	Sep-16	↔

Risk Matrix

Consequence Likelihood	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	Q2

Risk Ratings

Risk	Score	Colour
Low	1-3	
Moderate	4-6	
High	8-12	
Extreme	15 - 25	

Significant Risks ↓

Significant Risks

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

Consequence Score for the CCG if the event happens

Level	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> • None or very minor injury. • No financial loss or very minor loss up to £100,000. • Minimal or no service disruption. • No impact but current systems could be improved. • So close to achieving target that no impact or loss of external reputation.
2	Minor	<ul style="list-style-type: none"> • Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG. • A financial pressure of £100,001 to £500,000. • Some delay in provision of services. • Some possibility of complaint or litigation. • CCG criticised, but minimum impact on organisation.
3	Moderate	<ul style="list-style-type: none"> • Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault. • Moderate financial pressure of £500,001 to £1m. • Some delay in provision of services. • Could result in legal action or prosecution. • Event leads to adverse local external attention e.g. HSE, media.
4	Major	<ul style="list-style-type: none"> • Individual death / permanent injury/disability due to fault of CCG. • Major financial pressure of £1m to £2m. • Major service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £100,000 not covered by NHSLA. • Risk to CCG reputation in the short term with key stakeholders, public & media.

Level	Descriptor	Description
5	Catastrophic	<ul style="list-style-type: none"> • Multiple deaths due to fault of CCG. • Significant financial pressure of above £2m. • Extended service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £1,000,000 not covered by NHSLA. • Long term serious risk to CCG's reputation with key stakeholders, public & media. • Fail key target(s) so that continuing CCG authorisation may be put at risk.

Likelihood Score for the CCG if the event happens

Level	Descriptor	Description
1	Rare	<ul style="list-style-type: none"> • The event could occur only in exceptional circumstances. • No likelihood of missing target. • Project is on track.
2	Unlikely	<ul style="list-style-type: none"> • The event could occur at some time. • Small probability of missing target. • Key projects are on track but benefits delivery still uncertain. • Less important projects are significantly delayed by over 6 months or are expected to deliver only 50% of expected benefits.
3	Possible	<ul style="list-style-type: none"> • The event may occur at some time. • 40-60% chance of missing target. • Key project is behind schedule by between 3-6 months. • Less important projects fail to be delivered or fail to deliver expected benefits by significant degree.
4	Likely	<ul style="list-style-type: none"> • The event is more likely to occur in the next 12 months than not. • High probability of missing target. • Key project is significantly delayed in excess of 6 months or is only expected to deliver only 50% of expected benefits.
5	Almost Certain	<ul style="list-style-type: none"> • The event is expected to occur in most circumstances. • Missing the target is almost a certainty. • Key project will fail to be delivered or fail to deliver expected benefits by significant degree.

Southport and Formby CCG
Governing Body Assurance Framework
2016/2017
Update: September 2016

The Governing Body Assurance Framework (GBAF) aims to identify the principal or strategic risks to the delivery of the CCG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and the key mitigating actions required to reduce the risks towards the appetite risk score. The GBAF also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG.

The table below sets out the strategic objectives lists the various principal risks that relate to them and highlights where gaps in control or assurance have been identified. Further details can be found on the supporting pages for each of the Principal Risks.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	Debbie Fairclough	20	16	<ul style="list-style-type: none"> Update on controls and mitigating actions
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 CCG QIPP position reduces the CCGs ability to progress planned transformational schemes	Karl McCluskey	15	12	<ul style="list-style-type: none"> Update on mitigating actions
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	12	<ul style="list-style-type: none"> Update on mitigating actions
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	NEW RISK First review
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on transformation agenda	Jan Leonard	9	9	<ul style="list-style-type: none"> Updated controls and mitigating actions
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through procurement process which increasing risk of instability in services.	Jan Leonard	9	9	<ul style="list-style-type: none"> Updated in line with comments from GB Update on assurances and controls

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	16	16	<ul style="list-style-type: none"> Additional controls in place Mitigating actions updated

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.		
Risk 1.1	Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.		
Risk Rating Initial Score Current Score	5x4=20 4x4=16		Lead Director Debbie Fairclough Date Last Reviewed 15 September 2016
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Secured senior dedicated support for designing and implementing a PMO approach to QIPP Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms. Clinical Advisory Group TOR has been updated to enable the group to identify additional areas of improvement and support the CCG in respect of its PSED and other statutory duties associated with any proposed service changes. Schemes have been re-evaluated and risk assessed to allow focus of those that are deliverable in year, as well as looking at medium to long term plans QIPP committee TOR have been revised and the relationship between QIPP and F&R has been formalised. KPIs and monitoring criteria are being designed for every QIPP scheme so that any risks to delivery are identified and mitigated at the earliest possible opportunity. PMO structure now in place and all schemes have supporting "plans on a page" Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee 	Action	Responsible Officer	Due By
	<ul style="list-style-type: none"> Further work to take place to ensure QIPP embedded in localities 	Debbie Fairclough/ Tracy Jeffes	Nov 16
	<ul style="list-style-type: none"> Further work to ensure QIPP continues to have high profile in CCG 	Debbie Fairclough	Nov 16
Assurances (how do we know if the things we are doing are having an	Gaps in assurances (what additional assurances should we seek):		

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	
Risk 1.1	Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	
impact?):		
<ul style="list-style-type: none"> SMT and SLT will review progress on a weekly basis and QIPP Committee, with support from Finance and Resources will monitor all activity on a monthly basis. The QIPP dashboard will be the monitoring tool for all QIPP schemes and will provide assurances to the Governing Body on progress. A reduction in spend will demonstrate the impact of the implementation of the QIPP plan. 		
Additional Comments:	Link to Risk Register:	

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.		
Risk 2.1	CCG QIPP position reduces the CCGs ability to progress planned transformational schemes		
Risk Rating	Lead Director		
Initial Score	5 x 3 = 15	Karl McCluskey	
Current Score	4 x 3 = 12	Date Last Reviewed	
		15 September 2016	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Current transformational schemes under rigorous review to ensure that those progress provide both Transformational change and contribute to QIPP Secured senior dedicated support for designing and implementing a PMO approach - June 2016 	Action	Responsible Officer	Due By
	Joining up QIPP and blueprint process, the transformational plans have been recast to align with QIPP plan	Karl McCluskey/ Debbie Fairclough	ongoing
	Strengthening links between transformational process and CCG contract management to ensure that all cases agreed link directly to provider contracts.	Karl McCluskey	ongoing
	STP lead post developed and recently recruited to ensure dedicated resource ensures CCG has key role in local planning and transformational scheme development	Karl McCluskey	July 2016
	Review of Rightcare deep dives packs and working with Rightcare partner to ensure CCG identifies opportunities for future transformation and has clear plan for prioritising key programmes.	Karl McCluskey	Sept 2016
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Delivery of QIPP targets. CCG vision for Shaping Sefton will be reflected in STP plans. 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating	Lead Director		
Initial Score	4x4 = 16	Karl McCluskey	
Current Score	3x4 = 12	Date Last Reviewed	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. 	Action	Responsible Officer	Due By
	Providers working on mitigation plans for strikes	Karl McCluskey	ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.		
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracey Jeffes Date Last Reviewed 15 September 2016	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans Emergency Planning training taken place in last 12 months Corporate Governance Group has responsibility for ensuring compliance CCG Statutory Lead is Chief Delivery and Integration Officer 	Action	Responsible Officer	Due By
	Self-assessment and action improvement developed	Tracy Jeffes	Sept 2016
	Refresh of the business continuity plans and business self-assessment	Tracy Jeffes/ CCG	Jan 2017
	Ongoing training for key staff	Tracy Jeffes	March 2017
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> NHSE assurance through self-assessment and improvement plan 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.			
Risk 4.1	Current work pressures reduce ability to engage on transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 15 September 2016		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee in place LQC in place NHSE workshops for GP five year forward view. 		Action	Responsible Officer	Due By
		Supported Federation.	Jan Leonard	Ongoing
		Joint development session on Transforming Primary Care	Jan Leonard	July 2016 Complete
		Working Group on STP	Jan Leonard	Ongoing
		Supporting new ways of working group output to be delivered	Jan Leonard	Sept 2016
		NHSE invited to talk about GP five year forward view	Jan Leonard	Oct 2016
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Developing quality reports for Primary Care with NHSE and other CCGs. Transformation agenda is continually monitored through Governing Body and Committee structure. 		Limited funding, to continue ways of working group due to financial pressures.		
Additional Comments:		Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Community Service currently going through procurement process which is increasing risk of instability in services.		
Risk Rating	Lead Director		
Initial Score	3x3=9	Jan Leonard	
Current Score	3x3=9	Date Last Reviewed	
		12 July 2016	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor feedback on services Quality Committee monitoring of services 		Action	Responsible Officer
		Community Services Steering Group Developed	Jan Leonard
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Providers have expressed interest in acquiring services <ul style="list-style-type: none"> Bids for Community Service procurement received from Providers Preferred bidder to be announced by Tuesday 8 November 2016 No increase in complaints/comments on Community Services 		<ul style="list-style-type: none"> During transaction process we are unable to progress integration. Vacancies not being filled in incumbent provider possibly resulting in gaps in service. 	
Additional Comments:		Link to Risk Register:	

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans			
Risk Rating	Lead Director			
Initial Score	4x4=16	Tracy Jeffes		
Current Score		Date Last Reviewed		
	4x4=16	15 September 2016		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams 		Action	Responsible Officer	Due By
		Establish a revised integrated commissioning group	Tracy Jeffes	Sept 2016
		Agree joint commissioning priorities	Jan Leonard	Sept 2016
		Development of a route map for integration	Tracy Jeffes	Nov 2016
		Initial pooled budget arrangements within BCF agreed	Martin McDowell	Aug 2016
		Further develop of pooled/aligned budgets	Martin McDowell	March 2017
		Joint CCG and Public Health Plan	Tracy Jeffes	Oct 2016
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ol style="list-style-type: none"> 1. Agreed route map for integration signed by all parties and assured by NHSE through BCF team. 				
Additional Comments:		Link to Risk Register:		
		SF040		

MEETING OF THE GOVERNING BODY SEPTEMBER 2016

Agenda Item: 16\146	Author of the Paper: Jan Leonard Chief Redesign and Commissioning Officer Jan.Leonard@southportandformbyccg.nhs.uk 07826903286						
Report date: September 2016							
Title: Joint Commissioning Committee: Revised Terms of Reference							
Summary/Key Issues: <p style="margin: 0;">In April 2015 Southport and Formby CCG were granted joint commissioning status with the primary purpose of jointly commissioning primary medical care services with NHS England.</p> <p style="margin: 0;">In July 2016 the Joint Commissioning Committee held a development session in order to review its role and Terms of Reference which coincided with new Conflicts of Interest Guidance issued in June 2016 by NHS England.</p>							
Recommendation The Governing Body is asked to approve this report.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="width: 20px; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Approve</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement				Healthwatch involvement
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered				
Locality Engagement		x		
Presented to other Committees	x			

Links to National Outcomes Framework <i>(x those that apply)</i>	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2016

1. Introduction and Background

In April 2015 Southport and Formby CCG were granted joint commissioning status with the primary purpose of jointly commissioning primary medical care services with NHS England.

In July 2016 the Joint Commissioning Committee held a development session in order to review its role and Terms of Reference which coincided with new Conflicts of Interest Guidance issued in June 2016 by NHS England.

2. Key Issues

Since the establishment of the joint committee in April 2015 the agenda has been dominated by operational issues. One of the key changes discussed at the development session was the need for an operational group to deal with the day to day transactional business of primary medical care which could make recommendations to the joint committee who in turn could then focus on the strategic and transformation agenda within primary medical care.

It is proposed that the operational group is a joint group covering both Southport and Formby and South Sefton CCGs in order to make the best use of resources and ensuring that issues affecting practices on the borders of the CCG boundaries do not have unintended consequences on local practices.

The membership of the joint committee was also reviewed to ensure that all necessary stakeholders were represented. Meetings will be held bi-monthly and in line with recommendations will be held in public. (Subject to the Public Bodies (Admission to Meetings) Act 1960).

3. Conclusions

The review of the Terms of Reference and establishment of a joint operational group for primary medical care commissioning will enable to joint commissioning committee to operate more effectively.

4. Recommendations

The Governing Body is asked to approve the revised Terms of Reference for the Joint Committee and the establishment of a joint operational group.

Appendices

Appendix A – revised Terms of Reference for Southport and Formby Joint Commissioning Committee

Appendix B – Terms of Reference for the Joint Operational Group.

Terms of Reference

NHS Southport and Formby CCG and NHSE Joint Commissioning Committee

1. Background

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.

2. Area covered by Joint Commissioning arrangements

The NHS England and **NHS Southport and Formby CCG** joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Southport and Formby.

3. Statutory Framework

The National Health Service Act 2006 (as amended) ("**NHS Act**") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

4. Role of the Joint Committee

The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England

The role of the Joint Committee is a strategic role with the Operational Group providing the local operational support to ensure the smooth running of Primary Care within Southport and Formby. The Joint Committee will receive the minutes of the Operational Group and will link into the CCG Quality Committee through a key issues log. Some specific activities include:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
- Supporting Primary Care Transformation.

It excludes the following NHS England Reserved Functions:¹

- management of the national performers list
- management of the revalidation and appraisal process
- administration of payments in circumstances where a performer is suspended and related performers list management activities
- Capital Expenditure functions
- section 7A functions under the NHS Act
- functions in relation to complaints management
- decisions in relation to national funding opportunities, and
- such other ancillary activities that are necessary in order to exercise the reserved Functions

In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Southport and Formby CCG, which will sit alongside the delegation and terms of reference.²

5. Geographical Coverage

The Joint Committee will comprise NHS England Cheshire and Merseyside Sub Regional Team and the NHS Southport and Formby CCG. It will undertake the function of jointly commissioning primary medical services for Southport and Formby.

6. Membership

(to be completed following discussion and agreement with Area Team)

The Joint Committee shall consist of:

- Lay Chair
- Vice Chair
- Director - NHSE Cheshire and Merseyside Sub Regional Team Director (or other Senior Manager as nominated by the Cheshire and Merseyside Sub Regional Team) with delegated authority to make decisions
- Primary Care Lead – NHSE
- The Director and Primary Care Lead roles may be delegated to a single NHSE Senior Representative
- S&F CCG Chief Commissioning and Re-design Officer
- GP Clinical Lead – S&F CCG (non-voting)³

¹ *Delegation by NHS England, June 2015, Publications Gateway Reference 03593*

² *This is the proposed agreement to deal with such as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.*

³ As per the recommendation at Section 90, *Managing Conflicts of Interest in CCGs; revised guidance* June 2016; NHSE

- GP Clinical Lead – S&F CCG (not-voting)⁴
- Locality Lead GP – S&F CCG (non-voting)⁵
- Quality Team Representative – S&F CCG
- Medicines Management Team Representative – S&F CCG

The membership will meet the requirements of NHS Southport and Formby CCG's constitution.

The Chair of the Joint Committee shall be a Lay Chair.

The Vice Chair, who shall be a Lay Member⁶ of the Joint Committee will be determined by the Committee at the inaugural meeting.

7. Non-voting Attendees

The following representatives will have a standing invitation to all meetings of the committee

- Healthwatch Representative
- Health and Wellbeing Board Representative
- LMC Representative

8. Meetings and Voting

The Joint Committee shall adopt the Standing Orders of NHS Southport and Formby CCG insofar as they relate to the:

- Notice of meetings;
- Handling of meetings;
- Agendas;
- Circulation of papers; and

9. Conflicts of Interest

The committee shall, at all times, have regard for NHS Southport and Formby CCG policy on Conflicts of Interest that now incorporates the guidance issued by NHS England in June 2016.⁷

All members are required to maintain accurate statements of their register of interest with the Governing Body and NHSE Area Team. Members should notify the committee Chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG Conflicts of Interest Policy and any guidance issued by NHS England.

10. Voting

NHSE Senior Representative shall have one vote and the CCG shall have one vote. For matters relating to statutory duties of the CCG, the CCG shall have a casting vote.

⁴ *ibid*

⁵ *ibid*

⁶ A Lay Member is defined as a "non-clinician"

⁷ *Managing Conflicts of Interest in CCGs; revised guidance June 2016; NHSE*

For matters relating to statutory duties of NHS England, NHS England shall have a casting vote.

The one organisational vote for each organisation shall be exercised by the nominated lay or executive member.

11. Quorum

The quorum shall comprise the Chair or Vice Chair, at least 1 representative from NHSE Cheshire and Merseyside Sub Regional Team, and at least 2 representatives from NHS Southport and Formby CCG one of which must be a Primary Care clinician.

12. Frequency of Meetings

Meetings shall be time-tabled bi-monthly.

13. Meetings of the Joint Committee

Meetings of the Committee shall be held in public.

The Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.

14. Administration

Administrative support will be provided by the CCG

The Administrator to the Joint Committee will:

- a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.
- b) Present the minutes and action notes to Cheshire and Merseyside Sub Regional Team of NHS England and the governing body of NHS Southport and Formby CCG

15. Review of the Terms of Reference

These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

These terms of reference will also be formally reviewed by Cheshire and Merseyside Sub Regional Team of NHS England and NHS Southport and Formby CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between Cheshire and Merseyside Sub Regional Team of NHS England and NHS Southport and Formby CCG at any time to reflect changes in circumstances which may arise.

16. Decisions

The Joint Committee will make decisions within the bounds of its remit.

The decisions of the Joint Committee shall be binding on NHS England and NHS Southport and Formby CCG

Decisions will be published by both NHS England and NHS Southport and Formby CCG via the NHS Southport and Formby CCG Governing Body meeting papers.

17. Key Responsibilities

The Committee has been established to deliver the main objective of aligning the commissioning of primary care with delivery of the Clinical Commissioning Groups (CCG) Primary Care Quality Strategy to enable transformation within primary care. Closer alignment of primary care commissioning with the CCG vision means that patients will benefit from the outcomes delivered which include primary and community care services delivered within localities.

18. Key Activities

Key activities will involve (but are not limited to):

- improving clinical quality
- improving patient experience
- improving value for money

19. Date

These Terms of Reference were reviewed and update in July 2016 to take account of the revised Conflicts of Interest Guidance.

Review:

July 2017

Terms of Reference

Southport & Formby and South Sefton Operational Group

1. Authority

The Operational Group shall be established as a sub-committee of the Joint Commissioning Committees to perform the following function on behalf of the Southport and Formby CCG, South Sefton CCG and NHS England.

The principal function is to explore operational issues in relation to commissioning of primary medical services in Southport and Formby and South Sefton (excluding those relating to individual GP performance management) to improve health outcomes for patients and reduce inequalities in health across the CCG.

The Operational Group will have the authority to make decision that relate to the Roles and Responsibilities of the group outlined in section 3 below.

2. Membership

The following will be members:

- Chief Commissioning and Redesign Officer (CCG) Chair
- Primary Care Programme Manager (CCG)
- Assistant Contracts Manager (NHSE) Vice Chair
- Primary Care Project Officer (CCG)
- Primary Care Accountant (CCG)
- Locality Manager (CCG)
- Representation from the Quality Team (CCG)
- Representation from the Medicines Management Team (CCG)
- Clinician/GP representation as and when required

The Chairs of either Governing Body will not be a member of the Sub-committee although he/she will be invited to attend one meeting each year in order to form a view on and understanding of, the Sub -committee's operations.

Other members of the CCG or NHSE may be invited to attend as required.

Members are expected to personally attend a minimum of 75% of meetings held.

3. Role and Responsibilities of the Operational Group

- To ensure the smooth running of Primary Care within Southport and Formby CCG and South Sefton CCG.
- Operationally support any proposed changes to GMS, PMS and APMS contracts / contractors locally e.g. list closures, practice mergers, boundary changes, workforce planning and development of new models of primary care.
- Operationally support the implementation of the 5 year forward view and any other national initiatives aimed at transforming primary care.
- Recommend/advise the Joint Commissioning Committee on any primary care issues relevant in the CCG area.

- Discuss financial planning applicable through joint commissioning arrangements including the design of local incentive schemes as an alternative to Quality Outcomes Framework (QOF) or enhanced services.
- Report quality and provision of primary medical services bi-annually or ad hoc as required
- Making decisions on discretionary payments e.g. returner / retainer schemes
- Co-ordinate and review transformational change of medical primary care.
- Work in collaboration to ensure good communication links are maintained.
- Link directly into the CCG Quality Committee via a key issues log.

4. Administration

The agenda for the meetings will be agreed by the Chair of the Sub-committee and papers will be distributed one week in advance of the meeting.

Minutes and action plans will be circulated to the members within 7 working days of the meeting.

5. Quorum

The group will be quorate when both the CCG and NHSE are represented.

6. Frequency and Notice of Meetings

The Operational Group shall meet monthly, two weeks prior to the Joint Commissioning Committee.

7. Task and Finish Groups

The Operation Group will have the ability to request the set up of task and finish groups to complete actions decided at meetings.

8. Reporting

The ratified minutes of the Operational Group will be submitted to the Joint Commissioning Committee.

9. Conduct

All members are required to maintain accurate statements of their register of interest. Members should notify the chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG and NHS England procedures for the management of Conflicts of Interest as set out in the Constitution.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements. The Nolan Principles are: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

10. Review

Version Number: 3
Review dates: July 2017

MEETING OF THE GOVERNING BODY

September 2016

Agenda Item: 16/147	Author of the Paper: Peter Wong Children, Young People & Maternity Commissioning Manager Email: peter.wong@southseftonccg.nhs.uk Tel: 07825830400
Report date: September 2016	

Title: Joint Children & Young People’s Emotional Health and Wellbeing Strategy 2016-2021

Summary/Key Issues:

A local Children & Young People’s Emotional Health and Wellbeing Strategy was developed via Sefton’s Children & Young People’s Emotional Health and Wellbeing Steering Group during 2014/2015. This remained in draft format due to changes with the local Health and Wellbeing Sub Group structure.

Now these structures have been determined, it was opportune to undertake further consultation, revise the strategy and progress to formal sign off through the renewed governance structures now in place.

The Strategy underpins the Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.

This report provides a background to the strategy and an opportunity for the Governing Body to comment before it is finalised.

Recommendation	Receive <input checked="" type="checkbox"/>
The Governing Body is asked to receive this report and provide any comments to inform the final version.	Approve <input type="checkbox"/>
	Ratify <input type="checkbox"/>

Links to Corporate Objectives (*x those that apply*)

	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			As part of the process children and young people (including those who have used CAMHS) have been consulted and engaged.
Clinical Engagement	x			Local CAMHS Clinical leadership have been involved in the development of the Strategy.
Equality Impact Assessment		x		As a joint strategy being led by the Council a joint EIA will be completed before the final strategy is agreed.
Legal Advice Sought			x	
Resource Implications Considered	x			Any resource requirements would be reflected in Local CAMHS Transformation Plan monies which CCGs have received and are monitored against.
Locality Engagement			x	
Presented to other Committees	x			The Strategy has/is going to the Health & Wellbeing Board and has also been through Overview & Scrutiny.

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2016

1. Executive Summary

A local Children & Young People's Emotional Health and Wellbeing Strategy was developed via Sefton's Children & Young People's Emotional Health and Wellbeing Steering Group during 2014/2015. This remained in draft format due to changes with the local Health and Wellbeing Sub Group structure.

Now these structures have been determined, it was opportune to undertake further consultation, revise the strategy and progress to formal sign off through the renewed governance structures now in place.

The Strategy underpins the Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.

This report provides a background to the strategy and an opportunity for the Governing Body to comment before it is finalised.

2. Introduction and Background

2.1 In 2014/2015 a local Joint Children & Young People's Emotional Health and Wellbeing Strategy was developed via Sefton's Children & Young People's Emotional Health and Wellbeing Steering Group. This Steering Group reported to the 0-19 Sub-Group of the Health and Wellbeing Board.

2.2 Earlier in 2016 a decision was made to fully revisit this strategy, consult more widely and progress through the appropriate governance structures that are now in place.

The Joint Children and Young People's Plan and the Health and Wellbeing Strategy provides the overarching strategy framework for young people experiencing mental health issues and has been influenced by:

- The establishment of a Sefton Children and Young People's Emotional Health and Wellbeing Steering Group.
- Sefton has been successfully appointed by NHS England as a Children and Young People's Improving Access to Psychological Therapies site.
- A joint NHS CQUIN is in place (Commissioning for Quality and Innovation) Programme, involving Alder Hey and Mersey Care Trusts to improve transitions between Children and Adult Services.
- National funding from NHS England to enhance Child and Adolescent Health Services with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community has been made available.
- A locally agreed Transformation Plan.

- 2.3 This draft Strategy (Appendix A) has been developed via Sefton’s Children and Young People’s Emotional Health and Wellbeing Steering Group and other associated forums and groups. Many individuals have contributed to the draft state in particular a wide range of young people and partners.

The Strategy is underpinned by the Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.

- 2.4 The Strategy is currently still in draft as we need respond to a recent final engagement exercise with Children and Young People (Appendix B). This gives a better understanding of our young citizens views, experiences and will be reflected in the final content and begin to identify the priorities and actions that will help make progress to ensure that all of the children and young people who live in Sefton are supported to be happy, healthy and confident and in order that they grow to be prepared well for adult life.

2.5 **Work on a model**

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹.”

The Mental Health Foundation states that emotional health and wellbeing is:

“Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; lay and learn; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them².”

- 2.6 In March 2015 the Department of Health and NHS England produced a taskforce report Future in Mind. The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

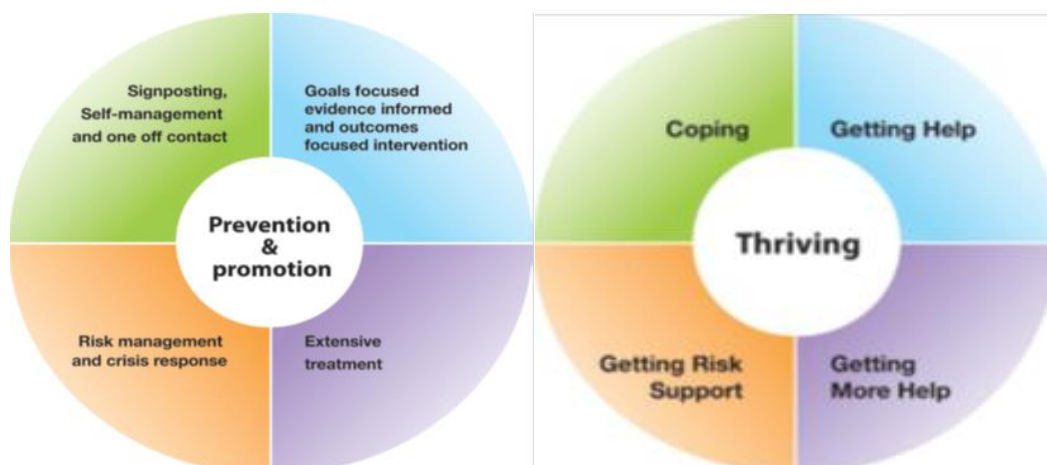
2.7 In August 2015 guidance was issued to CCGs about developing Local Transformation Plans for children & young people’s mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG’s to support transformation programmes. Accessing this funding is dependent on demonstrating “strong local leadership and ownership at a local level through robust action planning and the development of publically available Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing.” These plans will be based on the 2015 Department of Health and NHS England taskforce report ‘Future in Mind’. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers. Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People’s Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

2.8 Sefton’s Children and Young People’s Emotional Health and Wellbeing Steering Group has begun to look at what whole-system approach we need to have in place to ensure that we achieve better outcomes for children and young people, moving away from a rigid pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by children and young people themselves.

The *Thrive Model* (recommended by Future in mind) will be explored in detail in the next few months. The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered, and is being explored by almost all areas of the Country. The developing model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area. The Thrive Model is shown in diagram 1.

Diagram 1 - THRIVE model



Specific actions in exploring this model will be to:

- Map the Child & Young People Improving Access to Psychological Therapies (CYPIAPT) Partnership and other significant services onto the Thrive model
- Map the population onto the model
- From this mapping identify any crossover, gaps and under-resourced aspects and also what doesn't fit onto the model
- Choose what delivery we want to underpin the strategy – the minimum key strands, services (building blocks) such as crisis intervention, CAMHs, early intervention
- Describe a handful of typical CYP journeys and how a new system would work for them
- Ensure we strengthen work with staff from within adult services regarding transitions

Later iterations of this Strategy will reflect the outcomes of these actions.

3. Key Issues

The Key Issues for partners are as follows:

- The need to agree, via the correct governance routes, and publish a Joint Children and Young People's Emotional Health and Wellbeing Strategy for Sefton.
- The Strategy will lead to a reshaping of how children and young people are supported with their emotional health and wellbeing – not just limited to CCG commissioned specialist CAMHS.
- The Strategy will contribute to integration.

4. Conclusions

The original draft strategy developed in 2014/15 has provided a framework for discussions over the last 18-24 months. This was fully revisited and a revised Strategy has been developed which will shape future developments in how we support local children & young people with their emotional health and wellbeing needs.

5. Recommendations

The Governing Body is asked to receive this report and provide any comments to inform the final version.

6. Appendices

Appendix A: Joint Children & Young People's Emotional Health and Wellbeing Strategy 2016-2021 (draft)

Appendix B: Children & Young People Consultation Event July 2016 - Report

Peter Wong
September 2016

**Sefton`s Children and Young People`s Emotional Health
and Wellbeing Strategy**

**2016 – 2021
Draft v0.6**

DRAFT

Acknowledgements

We would like to give special thanks to all people who have already contributed and helped with this process. Feedback from all partners has greatly contributed to the development of the Strategy.

We would like to give thanks in advance to all those who will be contributing to the future development of the Strategy as we progress to achieving our goals for children, young people and families' emotional health and wellbeing.

DRAFT

Table of Content

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Foreword

Welcome to Sefton's Children and Young People's Emotional Health and Wellbeing Strategy. This document is intended to set out the five year forward view for improving outcomes in Emotional Health and Wellbeing for children and young people.

The Plan has been developed and is owned by Sefton Health and Wellbeing Board and produced following consultation with key stakeholders. The Plan is intended to be a working document which will be reviewed regularly in order to monitor achievements and areas for development.

It is for all stakeholders, professionals, parents or children and young people themselves to work together to reduce risk, promote protective factors and to ensure that children and young people's emotional health and wellbeing support and mental health services are available to prevent, support and intervene when required to provide the best possible emotional health and wellbeing for children and young people in Sefton.

Our approach has so far led to:

- The establishment of a Sefton Children and Young People's Emotional Health and Wellbeing Steering Group.
- Sefton has been successfully appointed by NHS England as a Children and Young People's Improving Access to Psychological Therapies site.
- A joint NHS CQUIN is in place (Commissioning for Quality and Innovation) Programme, involving Alder Hey and Mersey Care Trusts to improve transitions between Children and Adult Services.
- National funding from NHS England to enhance Child and Adolescent Health Services with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community has been made available.
- We have a locally agreed Transformation Plan.

There is still much to do. With the insight of our children and young people and their families, a system wide commitment and increased investment there has never been a greater opportunity to make things better; it is an exciting time!

X Cabinet Member Children and Young People

X Cabinet Member Health and Wellbeing and Chair of Health and Wellbeing Board

X CCG

X CCG

Why are we developing a Strategy

Emotional health plays a central role in children's mental, psychological and cognitive development as well as their general health. Mental health problems in children and young people may not always present themselves clearly. They can emerge in ways that are less easily defined, for example, through behaviour problems, withdrawal and emotional difficulties, substance misuse and physical injury.

Good emotional and mental health is important in helping to strengthen the child's capacity for relationships, improve educational attainment, promote social inclusion, expand opportunities and improve general health and wellbeing. The foundations of good emotional health and wellbeing are laid at the start of life. Since the majority of mental illness can be traced back to childhood, it is important that interventions which protect health and wellbeing are readily available. If mental health problems occur there should be early intervention. If left untreated there is evidence that these can become lifelong problems.

What is Emotional Health and Wellbeing

There is no single definition of emotional health and wellbeing; The World Health Organisation defined emotional health and wellbeing as:

“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹.”

The Mental Health Foundation states that emotional health and wellbeing is:

“Being able to develop physiologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; learn and lay; develop a sense of right and wrong; resolve (face) problems and setbacks and learn from them².”

The Children's Society³ (2015) reported upon 'subjective wellbeing' following extensive research. Children define their wellbeing in two areas, the first being 'life satisfaction' and how children view their lives in various areas such as relationships or educational attainment, and the second being the way children feel emotionally which can change from day to day.

The term emotional health and wellbeing is used throughout the plan and is used to encompass the spectrum of need between emotional health and wellbeing and mental illness. It is about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with the challenges that life presents. All of us have mental health needs, and from time to time these may become the problems which require support from friends, family and at times professional help.

Population Needs Analysis

Nationally

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class according to Young Minds. YoungMinds¹¹ stated that between 1 in every 12 and 1 in 15 children and young people deliberately self-harm - and around 25,000 are admitted to hospital every year due to the severity of their injuries and there has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

British Medical Association¹² estimates that 1.1 million children under the age of 18 would benefit from specialist mental health services. More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. In terms of when children and young people are in education, only one in three teachers said they would be comfortable covering the topic of self-harm in lessons, despite the fact that 97% of young people said self-harm should be addressed in schools. - Young Minds Sept 2012. For secondary school age children (11-16): About 195,000 (4.4%) has an anxiety disorder and about 62,000 (1.4%) are seriously depressed.

Wellbeing in adolescence suggests a 'u-shaped' curve, with wellbeing reaching its lowest ebb around the age of 14-15. This decline appears to be sharper for girls¹³. A recent review showed that between 12 and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing –between £8 billion and £13 billion in England each year. Moreover, by interacting with and exacerbating physical illness, the researchers calculated that total healthcare costs are raised by at least 45% for each person with a long-term condition and a comorbid health problem.

Locally

Key findings from Child and Maternal Health Observatory 2014 and the 2014 Sefton Strategic Needs Assessment reported that:

- Approximately 22% of the population of Sefton is under the age of twenty.
- Almost six percent of school children are from a black or minority ethnic group.
- The health and well-being of children in Sefton is generally worse than the England average.
- Infant mortality rates (less than 1 year old) and Child Mortality rates (1-17 years) are similar to the England average.
- The level of child poverty is worse than the England average with 19.8% of children aged under 16 years of age living in poverty.
- The rate of family homelessness is significantly lower than the England average.
- Children in Sefton have average levels of obesity. Approximately ten percent of children aged 4-5 years and 18% of children aged 10-11 years are classified as obese.

- 59.3% of children participate in at least three hours of sport a week which is significantly better than the England average.
- 14.6% of 15 year olds physically active for at least one hour per day seven days a week. This is not significantly different to the England average.
- The teenage pregnancy rate (21.1 per 1,000) is not significantly different to the England average but is significantly lower than the North West rate.
- The rate of young people under 18 who are admitted to hospital because of alcohol specific conditions, such as alcohol overdose, has declined in the period 2012/13-2014/15 when compared with the period 2006/07-2008/09. However, overall rates of admission in the period 2012/13-2014/15 are significantly higher than the England average.
- The rate of young people aged 10-24 years who are admitted to hospital as a result of self-harm has increased in 2014/15 when compared with figures from 2012/13 and 2013/14. Overall rates of admission in 2014/15 are significantly higher than the England average. In this period, the rate of self harm hospital admissions was 487.0 per 100,000 young people aged 10-24. Nationally, levels of self-harm are higher among young women than young men. (HSCIC 2013)
- The rate of Sefton CYP admitted to hospital as a result of a mental health problem in 2014/15 was 117.8 per 100,000 young people aged 0-17. This is significantly higher than the England average.
- Sefton is ranked 76 out of 326 authorities in the 2015 Index of Multiple Deprivation (1 is most deprived). Approximately 18% of Sefton's residents live within the most deprived 10% of areas within England and Wales.
- 15.1% of school children in Sefton receive free school meals, similar to the England rate (15.6%) but significantly lower than the rate across the North West (17.7%).
- The percentage of children achieving a good level of development at age 5 in Sefton is 66.2% which is line with the national average for 2014/15.
- In 2014, approximately 5.7% of 16-18 year olds were not in education, employment or training (NEET). This figure has reduced when compared with previous years but remains higher than the England average.

Suicide - The suicide rate for young people in England is below that of the general population. Narrative verdicts are more common as deaths of undetermined intent in under 15s cannot be assumed to be suicide due to the possibility of unverifiable abuse, neglect or accidents. Suicide Reports provide data on a 3 year rolling basis so trends can be identified. In Sefton there were 88 suicides for the period 2012-14, (the latest we are able to report suicide data). None of which were under 18.

Suspected suicide deaths are reported to the coroner, who will consider the needs of bereaved families and may return a narrative, open or misadventure verdict. The Child Death and Overview Panel (CDOP) can provide reports on trends, risks and safeguarding issues. Young people are at risk of suicidal feelings, with an increased risk in those with mental health or behavioural problems, when they misuse substances, have experienced family breakdown or suicide in the family.

Effective preventative interventions include:

- A whole school approach to emotional health & wellbeing.
- Suicide awareness training for staff to enable them to identify and respond to high risk signs.
- Signposting for parents to sources of support.
- Clear referral routes to mental health services.
- Anti-bullying programmes.
- Outreach and accessible service for young offenders and vulnerable children and young people.

Self-harm - Self harm is considered a risk factor for suicide; however self-harm is a sign of serious emotional distress in its own right. Looked after children and care leavers are between four and five times more likely to self-harm. In comparison with the 2012/13 and 2013/14 periods, the rate of young people aged 10-24 admitted to hospital as a result of self-harm increased in 2014/15 Overall the rate of admission in 2014/15 is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

Looked After Children - Children and Young people who are on the edge of care and those under child protection plans are likely to have poor mental health. In the year ending March 2015, the rate of Looked after Children in Sefton was 85 per 10,000 children (450 children), an increase of 52% since 2006 (56 per 10,000). Approximately 64% of Looked after Children are placed in foster care and a further 11% are placed in children's homes or secure units. In respect of the age profile the biggest percentage is between 10 and 15 which equates to 161 and for those aged 16-17, the figure is 66 young people.

The current population of Sefton children and young people is 59,580 and is broken down into the following age groups.

Mid 2014 Population Figures for Under-19s Age range (years)	Total
0-4	14,899
5-9	14,495
10-14	14,322
14-19	15,864
Total	59,580

Local data is limited on young people's emotional health and wellbeing however based on national prevalence data, it is estimated that, in Sefton approximately;

- 9.4% of children aged 5-16 (3301) have a mental health problem
- 3.7% (1188) an emotional disorder (anxiety disorders and depression)
- 5.7% (1831) a conduct disorder
- 1.5% (482) a hyperkinetic disorder.

Source: Children & Young People's Mental Health and Wellbeing tool, PHE, 2016

Approximately 2,800 women living in Sefton give birth each year and 10-20% of women are affected by mental health problems at some point during pregnancy or in

the first year after childbirth. The table below details the estimated number of women with mental health problems during pregnancy and after childbirth for Sefton:

Estimated number of women with postpartum psychosis	10
Estimated number of women with chronic Severe Mental Illness	10
Estimated number of women with severe depressive illness	85
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate)	270
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate)	405
Estimated number of women with Post Traumatic Stress Disorder	85
Estimated number of women with adjustment disorders and distress (lower estimate)	405
Estimated number of women with adjustment disorders and distress (upper estimate)	810

Source: CHIMAT Needs Assessment reports – mental health in pregnancy, the postnatal period and babies and toddlers. (2013/14)

Listening to Children and Young People

Sefton has a Public Engagement and Consultation Framework¹⁶ in place. This Framework gives us clear information on how to speak with and listen to our communities and get them involved in the work we do.

What we mean by ‘engagement and consultation’. The words ‘engagement’ and ‘consultation’ can mean different things. To us, engagement is more than simply making information available or gathering opinions and attitudes. We should use the views and opinions we receive to help us make decisions on or changes to our service plans. We believe it is important to get our community involved in designing and assessing services. This should improve things for local people.

We must consider what we can do to communicate effectively with all local people, so that everyone can have their say. It is important that the wider community understand how they can get involved in activities before they start, and that they feel able to do so. It is also important that we keep local people informed throughout the process, and tell them: -what is going to happen with the information they have given us; what changes we will make as a result of the work we have done with them; and how else they can get involved. For this strategy the public engagement and consultation framework, supports us in our approach working with all children and young people. We will aim to include all perspectives and reflect the wide experiences of our children and young people.

We will share with children and young people what we think are the important things to do as articulated in this draft strategy and we will ask what children and young think about our approach so far and then most importantly to listen what they say and work with them to shape what we do in the future.

Sefton CVS through the Youth Engagement and Participation Lead and Sefton Young Advisors are working with Children and Young people. On the 14th July an event was held. The purpose of this event was to help shape the Emotional Health and Wellbeing Strategy. The report will help inform the priorities and actions to ensure that in the future we use all our resources to make sure that children and young people have the best opportunities to be emotionally healthy and when needed that services are accessible, supportive and help them keep well and live a good life.

The engagement event gives opportunities for young people to tell us how they would like to be kept informed and involved in shaping services and holding services to account.

“The event was facilitated by Sefton Young Advisors and young people from other voice groups in Sefton; it will be interactive and participatory. In preparation for the event, School Councils were asked to meet to discuss and conduct conversations with their peers about emotional health and wellbeing:

Q. What does it mean to be emotionally healthy/to have good mental health?

Q. What is working well in your school to support you and your friends?

Q. What would you like to see happening/what would a perfect school environment look like to ensure you and your friends have the best emotional health and wellbeing?

The outcome of the event will inform the future version of the strategy and any subsequent action plan.

National Policy Context

In February 2016, NHS England published the **Five Year Forward View for Mental Health**⁴. This report from the independent Mental Health Taskforce to the NHS found half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people, the report finds, get no support. Even for those that do the national average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. It recognised that a small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances.

The report went on to detail that children and young people are a priority group for mental health promotion and prevention, and called for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it. This will require a fundamental change in the way services are commissioned, placing greater emphasis on prevention, early identification and evidence-based care. NHS England should continue to work with partners to fund and implement the whole system approach described in Future in Mind, building capacity and capability across the system so that by 2020/21 we will secure measurable improvements in children and young people’s mental health outcomes.

For very young children, the **Five to Thrive**⁵ programme promotes five activities, in order to give children the best start in life. Success of Five to Thrive is founded on the fact that it is not a rigid, one-size-fits-all programme. Rather, an array of resources, tools and training content is available to help tailor a strategy that best fits with local needs and aims. Central to the Five to Thrive approach is the set of five key activities:

Respond - Cuddle - Relax - Play - Talk

These are our ‘building blocks for a healthy brain’. They are drawn from research into the key processes of attachment and attunement that forge bonds between young children and their carers. Crucially, they are designed to support positive feedback processes, enabling practitioners to observe and reinforce positive interaction between parents and their children.

The government strategy for mental health **No Health without Mental Health**⁶ 2011 captures the ambition to mainstream mental health in England and gives emphasis to the notion that mental health is everyone’s business, as demonstrated by the subtitle ‘a cross government mental health outcomes strategy for people of all ages’. A firm emphasis is placed on early intervention to stop serious mental health issues developing, particularly amongst children and its six key objectives detail how:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

In March 2015 the Department of Health and NHS England produced a taskforce report **Future in Mind**⁷. The task force considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided.

Key themes, core principles and requirements fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people were identified. In summary, the themes are:

- A. Promoting resilience, prevention and early intervention.
- B. Improving access to effective support – a system without tiers.
- C. Care for the most vulnerable.
- D. Accountability and transparency.
- E. Developing the workforce.

Each key theme will inform our plan and provide a structure to frame our action plan.

A. Promoting resilience, prevention and early intervention

This means

- promoting good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health.
- preventing mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk.
- identifying needs earlier, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.

B. Improving access to effective support – a system without tiers

This means

- changing how care is delivered and builds it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

C. Care for the most vulnerable

This means

- dismantling the barriers that services construct which make it difficult for many vulnerable children, young people and those who care for them to get the support they need.

D. Accountability and transparency

This means

- removing the lack of accountability and transparency that defeats the best of intentions and hides the need for action in a fog of uncertainty. Drive improvements in the delivery of care, and standards of performance to ensure a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

E. Developing the workforce

This means

- that everyone who works with children and young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

In February 2016, **Counselling in Schools – A Blueprint for the Future**⁸ was published by the Department of Education. This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people. It also sets out the Government's expectation that over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them. It reflects views of children and young people on counselling, as well as those of schools. It recognises that effective counselling is part of a whole school approach to mental health and wellbeing.

The future expectations are

- The mental health and wellbeing of children and young people is everyone's business. The benefits to the individual and to society in preventing problems from arising, and intervening early where they do, are significant. For schools this can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient pupils.
- The current extent of counselling provision in schools, alongside a range of other interventions and support programmes for pupils, makes it clear that many schools already recognise the value of making counselling services available in school settings. Schools have adopted a wide variety of approaches, and prioritised this within their existing funding, whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.
- While in some cases school based counselling services may have been introduced to address problems with access to services outside of schools, it is clear that they are not only an established part of the school landscape, but play a significant role in overall provision of mental health services for children and young people.
- There is a strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own

decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.

- For the many schools that already have counselling services in place, the priority is to address the areas for development identified above. We want to support schools to ensure that the services they offer are of high quality, delivering value for money and improved outcomes for children and young people. This guidance draws on the direct experience of schools, the views of children and young people about counselling, and advice from an expert group drawn from key organisations.⁸ Many of these organisations have produced more detailed guidance and research which is referenced at the end of this document, and which schools may also wish to draw on in developing their services.

The policy affirms that counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Some of the whole school actions will be focused on

- Improving wellbeing and resilience
- Raising awareness of mental health through the curriculum
- Promoting staff health and wellbeing
- Reducing the stigma around mental health
- Interaction with the pastoral system
- Leadership role

In March 2016, the Department of Education published advice for school staff **Mental Health and behaviour in schools**⁹. This non-statutory advice clarifies the responsibility of the school, outlines what they can do and how to support a child or young person whose behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

The key points are that

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all their pupils and for those with particular problems, to offer that support in an effective way.
- Where severe problems occur schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the pupil and their parents/carers should always be considered.

- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways.
- There are resources available to help school staff support good mental health and emotional wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice for staff on children and young people's mental health and can help to sign post staff to targeted resources when mental health problems have been identified.
- Schools should consider if their pupils would benefit from the offer of school counselling services. The Department for Education has published advice on how to set up and improve schools counselling services. Additionally, Counselling MindEd, which is part of MindEd, is also available to support the training and supervision of counselling work with children and young people.
- There are things that schools can do – including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur.
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board – Directors of Children's Services and local HealthWatch are statutory members.
- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties. Help and information about evidence-based approaches is available from a range of sources.

In August 2015 guidance was issued to CCGs about developing **Local Transformation Plans**¹⁰ for children & young people's mental health and wellbeing. Over the next 5 years, a significant amount of additional money will be made available to flow via CCG's to support transformation programmes. Accessing this funding is dependent on demonstrating "strong local leadership and ownership at a local level through robust action planning and the development of publically available Local Transformation Plans for Children and Young People's Mental Health and Wellbeing." These plans will be based on the 2015 Department of Health and NHS England taskforce report '**Future in Mind**'. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

1. Build capacity and capability across the system.
2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programme.
3. Develop evidence based community Eating Disorder services for children and young people.
4. Improve perinatal care.

Objectives, actions and investment plans have been developed by bringing together current strategies and priorities and through further discussion with stakeholders.

Investment was released for plans fully assured by NHS England in late 2015/16. This investment supports realistic and viable plans to spend investment within a financial year. Such expenditure must make direct and tangible contributions to the development and implementation of any plan and/or meaningful and immediate improvements in local service delivery, some of the activity may be non-recurrent.

Our Local Vision and Plans

Our plan acknowledges the aspirations described in national policies and recognises that achieving progress is something that cannot be done in isolation. It requires not only the commitment of those working within the system, but also support and engagement across all of society. From the way that mental health is covered in the media, to how it is addressed in schools, to the response of families and friends, more can be done to improve the lives of people with mental health problems and to promote wider mental wellbeing.

In designing local services it is important to understand the needs of children, young people and their families/carers. This will then allow commissioners and providers to ensure there is 'timely access' to 'high quality', 'evidence based' interventions that deliver 'good outcomes' and 'on-going management' of complex conditions.

Local and regional services should work holistically to meet the needs of the child, young person and families/carers, coordinating care across agencies to ensure good educational, health and social outcomes.

This plan is developed with reference to other local plans and strategies:

In 2014, Sefton published its first Health and Wellbeing Strategy; **Living Well in Sefton**¹¹. The Strategy articulated the vision for Sefton as;

“By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults.”

One of the six strategic objectives was to “Ensure all children have a positive start in life.”

- Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles.
- Children and young people will be safe.
- Children and young people will be aspirational and achieving through the enjoyment of going to school and college.
- Parents will have the skills, support and infrastructure to enjoy being parents.
- Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review.

The Fourth strategic objective was to “Promote positive mental health and wellbeing.”

- The infrastructure will be in place so that all people can access information, preventative and treatment services.
- People will be empowered, have a sense of purpose and take care of themselves and their family.
- The mental health services that are commissioned will be fit for purpose
- We will have stronger communities involved in their own wellbeing and wider community’s mental health services.
- There will be an increase in physical and emotional health and wellbeing.

In summer 2016 Sefton published a **Children and Young People’s Plan**¹². This Plan is the single strategic 5 year plan for all services and organisations which work with children young people and families in Sefton. The plans vision is;

“We want every child and young person to reach their full potential. They have the right to be healthy, happy, safe and secure and to feel loved, valued and respected and be prepared for adulthood.”

The Plan has four major themes. These are:

1. Ensure all children and young people have a positive educational experience.
2. Ensure all children are supported to have a healthy start in life and a healthy adulthood.
3. Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential.
4. Ensure positive emotional health and wellbeing of children and young people is achieved.

Priority 4 “Ensure positive emotional health and wellbeing of children and young people is achieved” initiates this Strategy.

The key objectives articulated in the Children’s Plans are;

- ✓ Improve knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues.

- ✓ Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.
- ✓ Improve access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health.

Governance Arrangements

The Governance of this strategy sits with **Sefton`s Health and Wellbeing Board**. The main statutory functions of the Health and Wellbeing Board are:-

- To assess the needs of the local population through the Joint Strategic Needs Assessment process.
- To produce a local Health and Wellbeing Strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and broader wellbeing services.
- To promote integration and partnership, including joint commissioning, integrated provision and pooled budgets, where appropriate.

In addition to the above statutory functions, the Boards role is to provide system leadership for change across care, health and wellbeing. This role requires the involvement of a wide range of leaders from not only the Council and the two Clinical Commissioning Groups Governing Bodies, but other public sector organisations.

A number of years ago the Council and Partner agencies established a steering group to drive forward improvement to Sefton`s Children and young people emotional health and wellbeing. This group has been tasked with developing strategic approaches to transform systems and services to improve outcomes for children and young people`s emotional health and wellbeing.

The Council and its Partners have recently published a 5 year Children`s Plan and identified four key priorities, one of the priorities focuses upon emotional health and wellbeing and the actions from the children`s plan will be utilised to inform the strategy, whilst at the same time the development of the Emotional Health and wellbeing Strategy will also be used to further influence the Children`s Plan.

Health and Wellbeing Executive Group

Its purpose is

- To determine and ensure delivery of a Strategy for Integrated Commissioning, to drive forward performance, to own and manage risks relating to Integrated Commissioning, and strategically lead the change programme towards full integration by 2020.
- To hold organisations, to account for the delivery of better outcomes for citizens and efficient use of combined/pooled resources.
- To provide peer to peer leadership support in order to build resilient relationships between senior leaders and thus organisations.

- To enable a consistent and collaborative leadership approach and a presence at local, regional and national NHS and Local Authority initiatives for betterment of the population of Sefton.

Sefton Children and Young People's Emotional Health and Wellbeing Steering Group

Its purpose is to

- Develop and review the Children and Young People's Emotional Health and Wellbeing Strategy.
- Develop and implement the action plan.
- Define, collect and review a range of information including data (national, regional and local), feedback from children and young people and any other pertinent intelligence that will contribute towards the performance management, service prioritisation and improvement for emotional health and wellbeing services in Sefton.
- Provide assurance that all service pathways and delivery from entry to exit acknowledge the particular needs of all children and young people and requirements of safeguarding, quality, user/carer involvement, equalities, children in need, looked after children and children with disabilities.
- Have a focus on ensuring a successful transition from child to adult services for those young people in the 16-18 age groups who require transition.
- Maximise the 'partnership potential' of the Group to secure additional resource to improve service delivery and outcomes for children and young people.

Commissioning

In December 2015 Sefton's Health and Wellbeing Board considered a report of the Director of Social Care and Health in relation to the principles and options for integration. The report set out the framework to establish a single pooled budget across health and social care to be overseen by a single politically and clinically accountable Board. The commitment of an integrated pooled budget across health, social care, public health and lifelong learning would enable resources to be used flexibly in and around the system in order to deliver efficiencies and good quality outcomes for those individuals in receipt of services.

Sefton established a Health and Wellbeing Executive Group under the auspices of the Health and Wellbeing Board. The HWB Executive Group would be strengthened to ensure that the resources are applied to deliver the strategic priorities of the pooled budget in Sefton.

In conclusion it was reported that a key strength of pooling resources was integrating decision making and having the ability to deploy resources more effectively to achieve shared outcomes. The principles of a single pooled budget across all Health and Social Care spending in Sefton were endorsed and a phased implementation of a single pooled budget across all Health and Social Care spending in Sefton was advocated.

It is clear that commissioning has a key role to play in developing integrated services, and that the ongoing separation between the health and social care systems is a major obstacle to achieving better outcomes for people. There is currently a lack of organisational alignment between the health and social care systems, largely as a result of the services being commissioned separately. This Strategy will enable commissioners of health, social care and all of those that are responsible for children and young people's experience of schooling, learning and community life to work to the same vision and a set of shared outcomes with an ability to deploy or influence the totality of the resources to achieve better outcomes for Children and Young People.

With this in mind the Commissioners across health and social care are working on the system architecture that will help create better working alliances in order to advance integrated commissioning strategies.

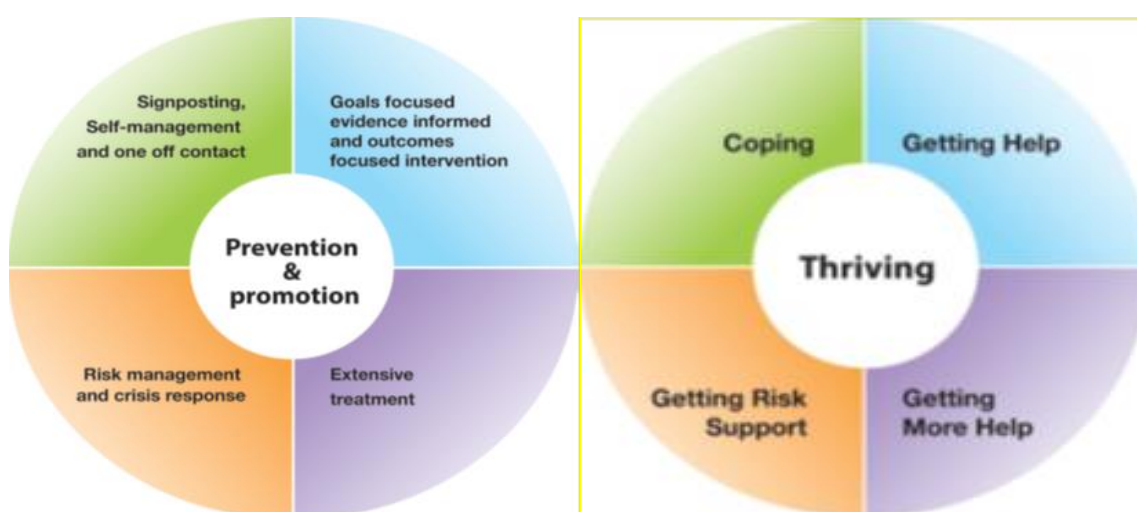
Our Approach in Sefton

The Emotional Health and Wellbeing Steering Group has begun to look at what approach we need to have in place to ensure that we achieve better outcomes for children and young people. Moving away from a pathway with tiers. There is recognition that we have a transformational opportunity to build a consensus position system wide and this to be informed by children and young people themselves.

We will explore the Thrive Model¹⁷ in detail in the next few months. (The model offers a radical shift in the way that child and adolescent mental health services (CAMHS) are conceptualised and potentially delivered.

The, developing, model responds to and offers solutions to the current context for mental health services; recognising the rising need for provision in certain groups, clinical outcomes, budgetary constraints and a shift and step change in policy in this area. It's not a tried and tested model and will be refined and developed over time.

THRIVE model



9. How we are doing

A. Promoting Resilience, Prevention and Early Intervention

How are we doing?

- The new 0-19 Healthy Child Programme currently under procurement will combine the interventions currently provided by health visiting, FNP and school health.
- Sefton is involved with the Cheshire and Merseyside Strategic Clinical Network regarding perinatal mental health. The Network has developed a pathway for early intervention and identification. Sefton CCG, Sefton Council and Public Health are working alongside provider organisations to develop services and a local implementation of the pathway.
- Children's Centres are working with PIP UK to run the Going Mellow Programme; a six week course can be run at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- There are some young mums and Children's groups' facilitation by the third sector by P2000 and Venus.
- A range of interventions are offered to parents in Sefton: Triple P Parenting course, Webster Stratton, Nurturing Programme and Strengthening Families Programme. Provision and access maybe variable across the Borough.
- Children's Centres deliver parenting programmes but they vary in standard, availability and access. The Strengthening Families Programme is delivered in Family Centres for families involved with social care. Aiming High deliver the Stepping Stone Programme for CYP with additional needs.
- The Well Young Person's Project within Sefton Council uses 5 Ways to Wellbeing.
- Sefton Children's Centres and PIP UK plan to run the Going Mellow Programme, a six week course delivered at different stages from 20-30 weeks pregnant. Different groups include Mellow Bump, Mellow Baby, Mellow toddler and Mellow Parenting.
- The CYP IAPT Programme recognise Parenting as key to CYP Emotional Health & Wellbeing and deliver full year Incredible Years training to practitioners (Venus has a staff member currently training). Venus has trained 4 Triple P practitioners and other organisations have trained staff.
- All high schools in Sefton are provided with a school nurse service. All nurses are trained any training planned in as new nurses commence. Trained nurses are able to offer 'Tier 1' support. Although access varies as school nurses are allocated schools by the council or employed by Academies. Not allocated by council – the council commission's school health service, the provider allocates nurses based on need across the school clusters.
- School nurses have delivered lessons and assemblies in schools on topics such as eating disorders, and self-harm, trying to de stigmatise mental health, along with eating disorder awareness sessions and anxiety sessions as part of school PSHE programmes and wellbeing days.
- There is ongoing training for school nurses in suicide and self-harm mitigation for children and young people.
- A local perinatal mental health pathway is in place to identify appropriate support

and therapeutic interventions that can be offered during the perinatal period in order to support new parents and infants.

- All Schools across Sefton have not yet embedded emotional health and wellbeing within the curriculum to enable early recognition and identification, challenge stigma build self-esteem and develop coping strategies.
- We are not currently supporting children and young people in Sefton to access early support through the use of technology, apps and digital tools. However the council has asked the new 0-19 provider to develop this.
- There is not a specific programme to tackle stigma and discrimination in schools. Some schools have helped e.g. mental health awareness days (Litherland High), mental health awareness day for transition year (Deys High), Madcos application to Awards for All for SEAs intervention in each school.
- All schools are offered support from the educational psychology service team as part of the core offer from the council. In addition schools are able to commission additional time. The educational psychology service offer a range of services to schools that include for example consultation and more direct individual or group including therapeutic work with children and young people, families and school based staff to support resilience and promote engagement in learning
- The educational psychology service team is also in the process of developing a pathway for supporting children and young people displaying signs of persistent absenteeism.
- Training sessions have been offered to school staff and other professionals – Managing Risks and Building Resilience - jointly facilitated by SEAS partners and Sefton CAMHS through the NHS England-funded SEAS Together pilot, and attended by 60 staff. Plans to build this into a core offer in the future.
- SEAS Together also delivered Understanding ADHD training sessions, facilitated by ADHD Foundation, to 73 staff from across the workforce, including schools.
- Group work undertaken by SEAS staff in schools aimed at raising awareness and building resilience – delivered to whole class or identified groups,

B. Improving Access to Effective Support

How are we doing?

- Sefton CAMHS Assessment and Response Team is currently available 5 days a week for 7.5 hours a day, they can see children and young people in crisis on the same day as referral. Plans to extend hours from 8am-8pm Mon-Fri and weekend on call.
- Sefton CAMHS - All referrals are triaged on the date received to identify urgency of need. Emergency referrals are seen same day, urgent referrals are seen within 2 weeks and routine are placed on waiting list. Current waiting time for assessment 12 weeks and Referral to Treatment is 15 weeks.
- There is a no dedicated mental health contact for Schools to offer consultation and advice.
- Children and Young People aged 16 or younger who experience a first crisis are supported by CAMHS single point of access. Those aged 16 and above in crisis are seen by Mersey Care.
- VCF direct has produced ? for a wide range of health and education

professionals. There are 4 parts; information on services including referral forms, community groups and courses, suggested services/ support by presenting issues and useful websites.

- Children and young people can self-refer to the school health drop in service in all of the Sefton High Schools.
- CAMHS help facilitate CAMHelions, a Young People's focus group.
- A specialist community based eating disorder service will be developed jointly with partnering CCGs.
- We have a pathway for self-harm to reduce the risk of children and young people presenting in crisis. SEAs are funded via CCG to deliver Mindspace – Self Harm interventions designed to meet individual and group needs.
- Enhanced support for social and communication needs for vulnerable groups is provided.
- Sefton Emotional Achievement Service (SEAS) a partnership of local charities working together to deliver emotional health and wellbeing services to Sefton children, young people (age 5-25) and families. Services include 1:1 counselling and group support, commissioned by schools or funded through various grants.
- Currently we have a CCG grant-funded project, Mind Space which is delivering support at no cost to the client/parent/school. Self/parental referrals are accepted to this service, which works with those who are self-harming, or at risk of self-harm.
- We also had an NHS England-funded pilot programme (funds received via CCGs) – Accelerated Integrated Commissioning – which includes delivery of a variety of interventions designed in partnership with the child/parent
- A specialist community based eating disorder service will be in the process of being jointly commissioned with partnering CCGs. It is planned to be in place in Dewi Jones Unit.

C. Caring For the Most Vulnerable

How are we doing?

- Sefton has been successful in achieving children and young people's IAPT in August 2014; this will help services to move away from 'acceptance criteria' to a more equitable service provision.
- NHS England commission within the Youth Offending Team to offer liaison and diversion offering consultation, advice and intervention to those children and young people at risk of offending behaviours
- Mental Health practitioners (Therapeutic Support Team) work with Looked after Children.
- Drugs and alcohol services which also run programmes that support EHWP for service users.
- A pathway for homeless children and young people to access mental health services.
- Appropriate interventions and services for children and young people who are in situations of domestic violence and abuse
- Specialised therapeutic interventions for children and young people who are victims of child sexual exploitation.

Catch 22 although this is time limited.

- Youth Offending Service has access to dedicated nurses.
- Integration with health and social care for children in care commissioning and evolving our commissioning approaches.
- Dedicated educational psychology service support for children and young people who are looked after and for those at risk of permanent exclusion from school and who are attending pupil referral units

D. Accountability and Transparency

How are we doing?

Agreeing a better model of care or approach will not be enough. The system of commissioning services is fragmented, with money often sitting in different budgets, in different organisations, in different parts of the system and without clear lines of accountability. There is limited access to the necessary information to know how a local system is working in respect of access and waiting times, how outcomes are achieved or if they provide value for money. There is poor information sharing within the system which hampers joint working; and the best practice standards, agreed as quality markers for accreditation systems, are not universally applied.

Suggested actions likely to improve accountability and transparency are

- A lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.
- A single, separately identifiable budget for children's mental health services. (some of the prevention elements would need to remain within some of the universal services, e.g. 0-19)
- A recognition for the need for flexibility to allow different models to be explored and developed to suit our local circumstances
- The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/carers
- The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health. Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding children and young people's mental health and wellbeing.
- Health and wellbeing. As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan
- The local offer to be driven by the Health and Wellbeing Board's Joint Strategic Needs Assessment

E. Developing the workforce

How are we doing?

There is consistency in children and young people's views about the workforce qualities and behaviour they would like to see:

- A workforce who is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.
- A workforce who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy.
- Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
- Their processes should be transparent, honest, and open to being both inspected and clearly explained. Visible actions should result from such scrutiny, enabling children to voice their opinions.
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic

Professionals need to be trained to be able to:

- Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports
- Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.
- Identify mental health problems early in children and young people.
- Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.
- Refer appropriately to more targeted and specialist support.
- Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.
- Work in a digital environment with young people who are using online channels to access help and support

Anybody who works with children and young people in universal settings such as early years provision, schools, colleges, voluntary bodies and youth services, should have training in children and young people's development and behaviours, as appropriate to their professional role.

Staffs who work in targeted and specialist services come from a range of professional backgrounds: social work, occupational therapy, nursing, clinical and educational psychology, psychotherapy, child and adolescent psychiatry and, with a growing number of 0-25 services, general adult psychiatry.

The Staff in paediatric services make an important contribution to targeted and specialist mental health services for children and young people. Their role is likely to increase with a move towards greater integration between children’s mental health provision and community paediatrics. The move towards 0-25 service models and integrated services means that, although discipline-specific training will remain the core of most professionals’ training, interdisciplinary training and practice and cross-agency working will become increasingly important.

10. Action Plan - 2016 - 2021

Key Theme (using “Future in Mind” and awaiting consultation)	What we are going to do	By when	How will we know we have achieved this	Who will ensure that progress is being made	Where will we report to
Promoting Resilience, Prevention and Early Intervention					
Improving Access to Effective Support					
Caring For the Most Vulnerable					
Accountability and Transparency					
Developing the Workforce					

References **reordering needed last task**

¹ World Health Organisation Geneva, Promoting Mental Health, 2004

² Mental Health Foundation

<https://www.mentalhealth.org.uk/our-work/children-young-people-and-families>

³ Children’s Society

<http://www.childrensociety.org.uk/help-young-people-access-the-mental-health-support-they-need>

⁴ Five year Forward view

<https://www.england.nhs.uk/?s=mental+health+task+force%2C+five+year+forward+view&site>

⁵ Five to thrive

<http://www.fivetothrive.org.uk/>

⁶ No Health without Mental Health

- <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>
- ⁷ Future in mind
<https://www.england.nhs.uk/2015/03/martin-mcshane-14/>
- ⁸ Counselling in schools
<https://www.gov.uk/government/publications/counselling-in-schools>
- ⁹ Mental health and behaviour in schools - Departmental advice for school staff
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- ¹⁰ Local Transformation Plans
<https://www.england.nhs.uk/?s=LOCAL+TRANSFORMATION+PLANS+-+CYP+MH+GUIDANCE&search=#>
- ¹¹ Health and Wellbeing Strategy - Living Well in Sefton
<http://www.sefton.gov.uk/public-health/health-and-wellbeing-board.aspx>
- ¹² Children's Plan
[link](#)
- ¹³ Young Minds
www.youngminds.org
- ¹⁴ British Medical Association
<https://www.bma.org.uk/>
- ¹⁵ Wellbeing –Why it Matters to Health- a summary of key points.
<https://www.england.nhs.uk/?s=wellbeing%2C+why+it+matters+to+health&site=>
- ¹⁶ Public Engagement and Consultation Framework 2009
jayne.vincent@chief-executives.sefton.gov.uk
17. Thrive Model
<https://www.thriveapproach.co.uk/approach/info/underlying-models>



EH&WB Event July

Sefton Young Advisors have facilitated an Emotional Health & Well being Event in partnership with M.A.D, CAMHS & Adele Maddocks (CYP IAPT).



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Who are Sefton Young Advisors?

Young Advisors are young people aged between 15-23 who work in partnership with community leaders and decision makers to enable the voices of young people to be heard in community life.

Young Advisors are trained and employed agents of social action. Their role is to guide and support local organisations – local authorities, housing associations, CCGs, the Voluntary, Community and Faith sector and other local partners on what it is like for a young person to live, work, learn and play in their neighbourhood. They speak out for young people, making sure their thoughts and feelings are considered in decisions that affect them and work closely with adults to support them on how best to engage with young people. Young Advisor teams across the UK are commissioned by organisations to support them to better engage with, and involve young people. We make sure young people are being given the chance to be involved in decision making and influencing change.

The Sefton Young Advisor team is made up of 20 young people from across the Sefton borough. The team has won local and national awards and has worked in partnership with many organisations including; LSCB (Local Safeguarding Children's Board), Sefton Council, NHS, E-ON, Edge Hill University and NCS. To view examples of our work please visit our website — <http://sefton.youngadvisors.org.uk/examples-of-work>.



What was the purpose of the event?

Sefton has identified Emotional Health and Wellbeing (EH&W) as a priority for young people within the borough. Therefore, a range of organisations and services have been looking at how we can improve services that support young people in terms of their EH&W which has led to the drafting an Emotional Health and Wellbeing Strategy.

As a result of this and Sefton's CYP IAPT, the Sefton Young Advisor team along with members of the MAD group (Looked After Children's Council) and The Camhelions (Youth Mental Health Voice Group) and members of the CYP IAPT worked together to develop and deliver the EH&WB event with young people from schools and groups in Sefton.

We wanted to find out from the young people their opinions and experiences of emotional health and wellbeing services and support, what services they already knew of and how accessible they thought they were. It was also a good opportunity to make them aware about the services that are available and what they offer.

What we tended to focus on were the services/people that can work as a prevention method, like school- teachers, mentors, school nurses, youth groups and organisations, sports groups, and doctors. However we also talked about the services at the other end- like CAMHS, Samaritans, etc.

Sefton's Young Advisors have worked closely with these organisations to deliver a consultation event with the school council member's from 10 High School's from across Sefton and 4 groups of young people that actively work with and promote mental health. The elements that we have focused on in order to influence the EH&W strategy for Sefton are;

- Understanding emotional health
- Promoting resilience
- Improving access to effective support
- Developing the EH&WB workforce
- YP's vision of EH&WB



A breakdown of the day

Understanding emotional health

We wanted to find out from the attendees how much knowledge they already had on emotional health and wellbeing but also to find out what makes them emotionally happy/unhappy. This was to try to get them to be more aware about what makes them emotionally healthy as individuals. We included prompts in this exercise to get the YP to think about; school, families, friends, GPs, counselling, youth groups, clubs, hobbies and other services such as Samaritans, NSPCC and CAMHS.

Promoting resilience

Firstly, we demonstrated to the YP examples of good and poor resilience through a role-play activity. We wanted the YP to explore how they could be more resilient in difficult situations. Each table added their ideas of how a YP can be more resilient. In particular focusing on how a YP that is not resilient, how can they build on that to become more so. At most, thinking about how the YP can at least cope with a difficult experience that they may encounter.

Improving access to effective support

Starting with a discussion on what does 'access' and 'effective' support mean. We then focused on the services in Sefton that the YP had already identified. The focus was on how the services can be accessed and how that accessibility can be improved. Alongside this we looked at what support the services provided and how the services can provide effective support to an individual that accesses a service. The YP also identified barriers to effective support and how these can be overcome.

Developing the EH&W workforce

The focus here was on the actual staff of the EH&W workforce. Within their groups they designed what their 'ideal' member of the EH&W workforce would be like. The discussion then developed into who are the people that need to help with the development of the workforce. Prompts were used to get the YP to think about; teachers, school nurses, mentors/peer mentors, GPs, CAMHS, etc.

YP's vision of EH&W

The YP created their own individual vision for EH&W in the form of a Tweet.



Findings and recommendations

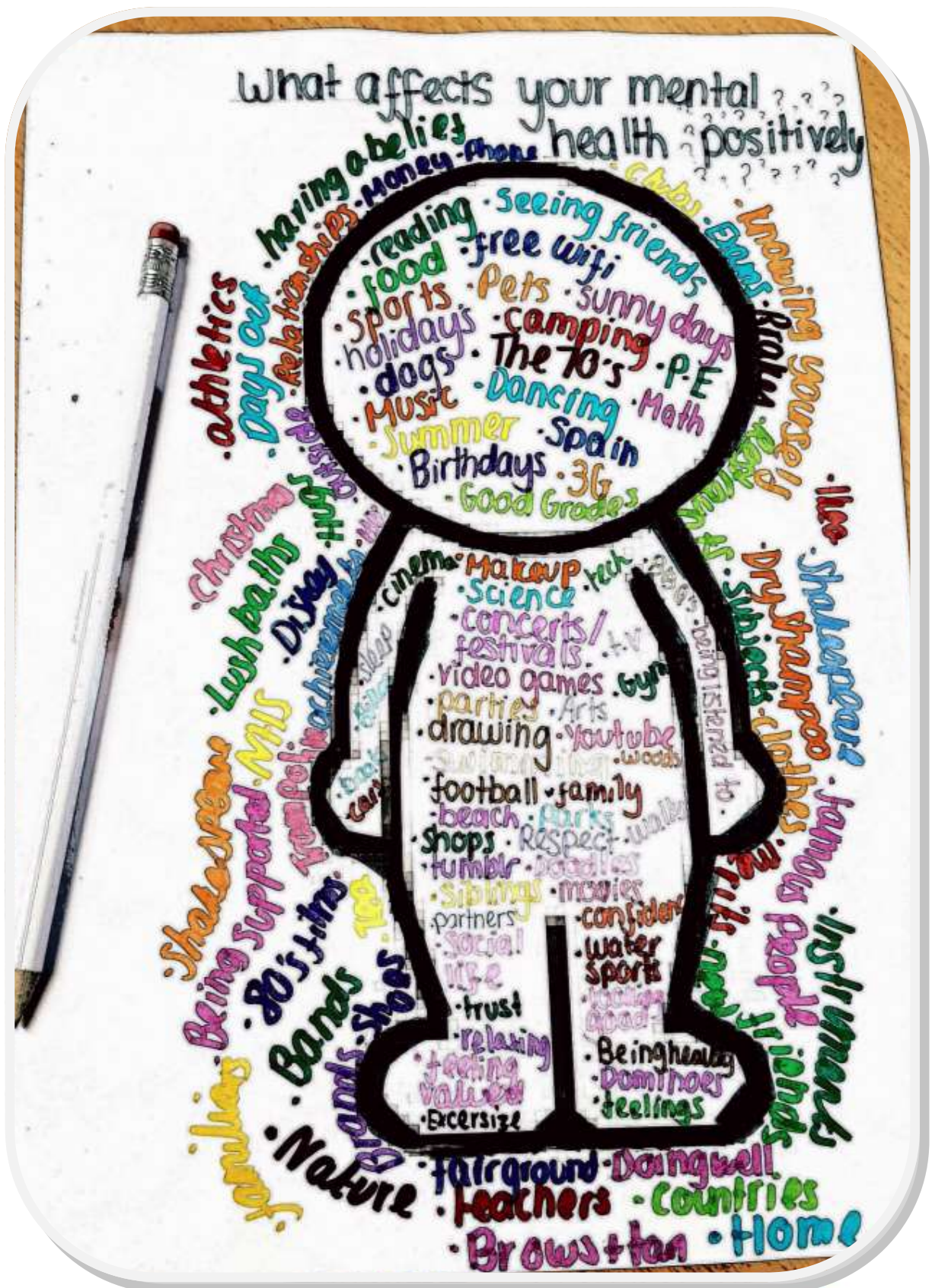
Understanding emotional health

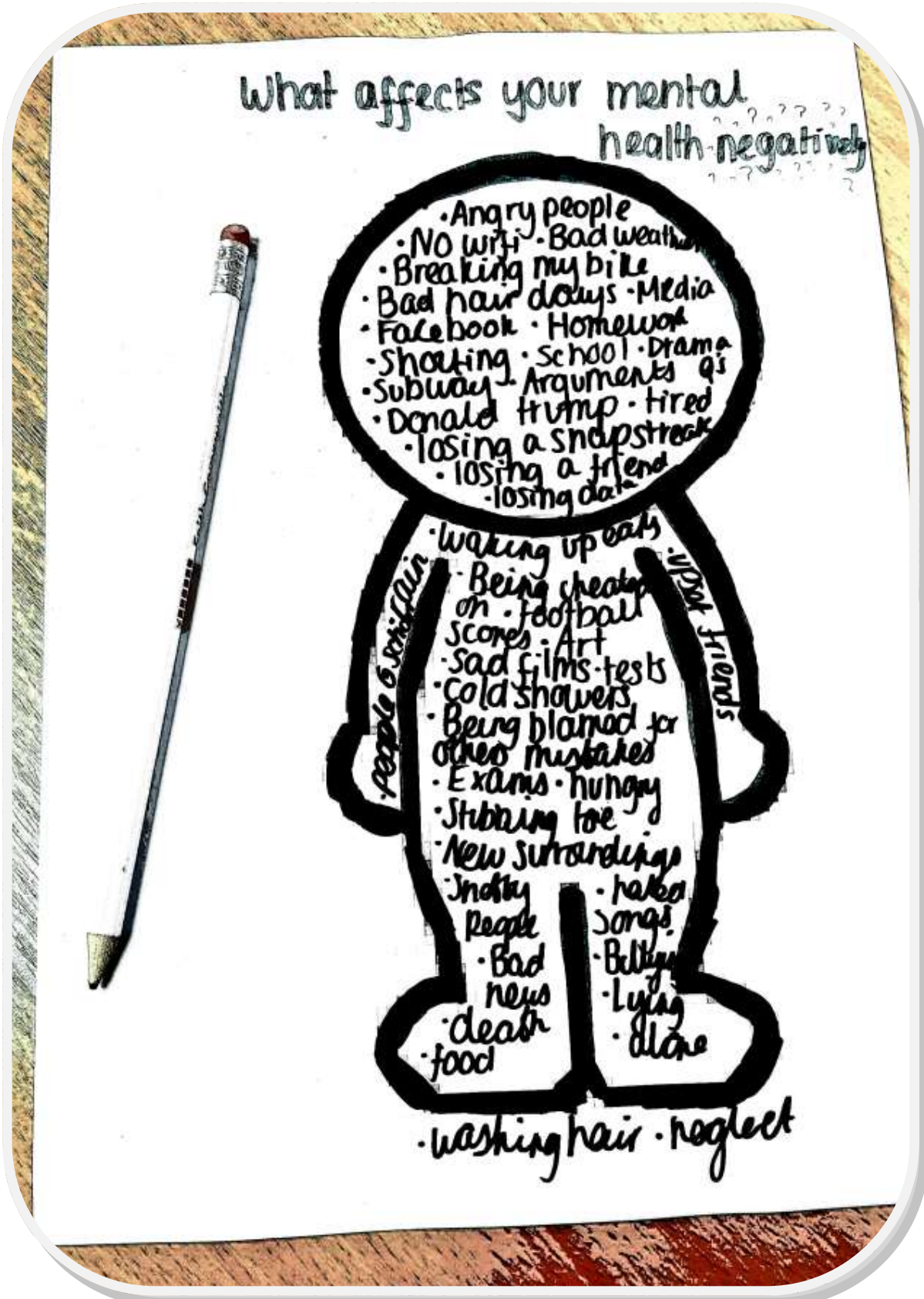
We delivered an activity with the young people to allow them to explore what affects their emotional health positively and negatively. Prompts were used to get them to think about things such as; services, people, activities, places, events, etc. Once they had thought about what affects them individually, they used an avatar to express their factors. Outside of the avatar they wrote what affects their emotional health negatively and what affects them positively on the inside. Some young people preferred to discuss rather than write what affects them and this was noted by the Young Advisors. This activity represented that the positive things should remain on the inside and the negative aspects should remain outside of the body (outside of the young persons mind).

Another activity that ran alongside the avatar was the 'clouds' activity. Individuals were encouraged to write on grey clouds what made them emotionally unhappy and on white clouds what made them emotionally happy. These were then hung on a washing line for everybody to see.

Then the young people took it in turn to reflect back to everyone (all attendees) what their group had come up with.







Promoting Resilience



A drama activity was delivered to the young people about resilience and how they can be more so. The Young Advisors gave examples of good and bad resilience. From the examples given through the drama, they were able to define resilience and gave examples of how young people can develop their individual resilience. All of the examples that were given have been collected in to the green poster. Each table also gave their group tip on how to be more resilient.

Promoting Resilience

Jenga Activity

For this activity Jenga blocks were labelled with services and people that support with EH&WB. The YP had to remove blocks that they thought were least important to them and explain to the rest of their group their reason for that. The idea of this activity is to show that when you remove certain services, it can affect YP's EH&WB in particularly their resilience. Therefore the removal of a block resulted in the tower falling, representing downward negative spiral of a YP's EH&WB.



Improving access to effective support



Solar System activity

Firstly a discussion was lead on what does 'access' and 'effective support' mean. In order to explain this, examples were given from the previous services that had already been mentioned (CAMHS, Samaritans and Child Line).

The overall idea of this session is to encourage the young people to think about the services and people available in terms of emotional health and how they can be improved.

Each group had polystyrene spheres which represented services and people. They had to label as many spheres with as many service and people that they knew of, of who could assist with any EH&WB issues.

Then they created barriers which were represented by aliens. They had to think about all of the possible barriers that could break down the communication system of services and people available. It was explained as 'what could prevent effective support?'

When each part of their solar system was labelled, they put their communication system together and pitched to the rest of the room what their model represented.





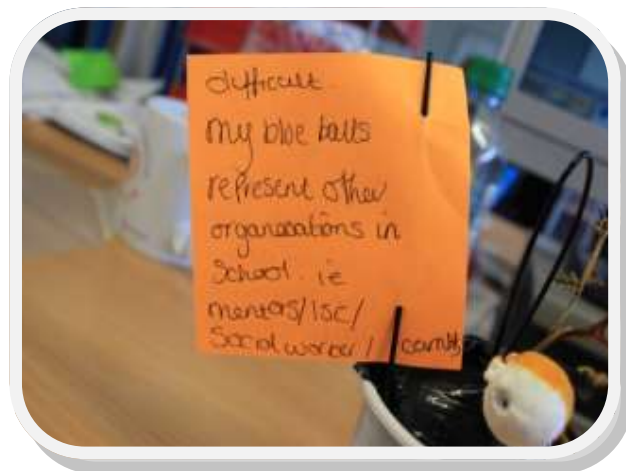
Barriers to effective support

Alien figures were labelled with sticky notes with what could prevent or break the chain of communication between the services/people. The barriers that were identified are;

- An individual may lose their close friend that they relied upon
- Sharing issues can cause their family to worry
- Indecisive YP do not know who to turn to
- Family problems may prevent YP from sharing experiences
- A teacher may be too busy
- Not wanting to cause the family to argue/stress
- YP not wanting anyone to know of the problem

Barriers to effective support continued

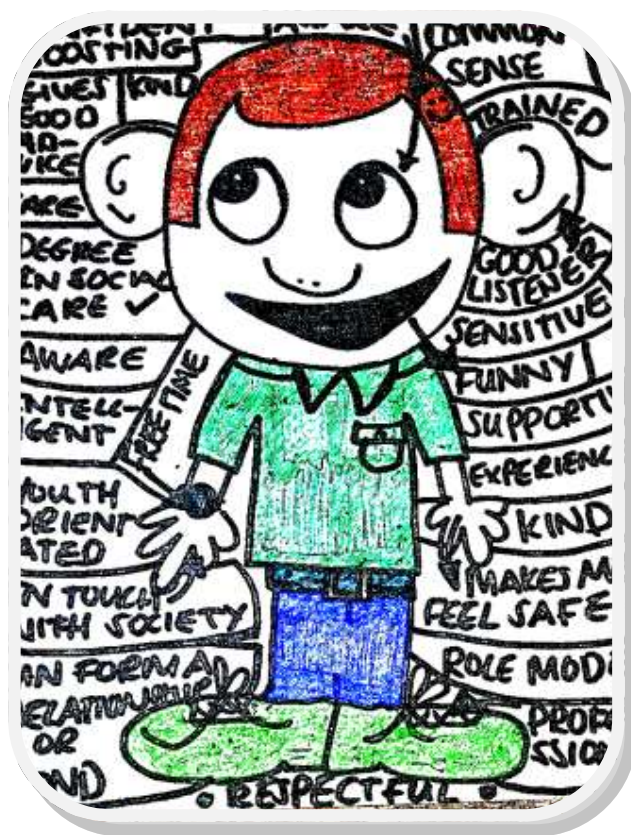
- Services may not be able to share information due to confidentiality, however the information may be valuable to the other services dealing with the YP
- YP may be too embarrassed to tell anyone
- A lack of knowledge with the specific problem
- CAMHS is not accessible
- Most people do not know who CAMHS are, it is not published well enough to the general public
- YP may be too afraid of school finding out about personal problems
- Scared to talk to friends and family about emotional health issues as they spend a lot of time with these people (be easier to speak to someone they do not know)
- Sometimes the support is not always accessible all the time due to; school holidays, weekends



Developing the EH&WB workforce

Avatar exercise

The groups were asked to create a new avatar but of a person that represented the 'perfect' member of the EH&WB workforce. Once they had created a person, they were asked to write on their attributes, skills and their personality.



This exercise was used more creatively as the young people were asked to present their avatar differently. For example if their 'perfect' member was a good listener, they would need to represent that—big ears.

The 'perfect' member will be

The responses have been divided into three areas, personality, skills and qualities that the ideal member of the EH&WB will have.

Personality	Skills	Qualities
Caring/Kind	Trained	Willing to chat
Friendly	Common sense	Relatable
Funny	Good listener	Approachable
Good sense of humour	Good communication skills	Understanding
Young	Confidential chit-chat	Shared experiences
Down to earth	Confidence boosting	Willingness to talk
Sensitive	Experienced	Someone who is accessible
Discrete	Has connections	Willing to come to the YP
Has free time	Ability to provide a comfortable setting	Can put themselves in your shoes
Respectful	Makes me feel safe	Reliable
A friend	Has a degree in social care	Understanding
Considerate	Intelligent	A positive thinker
No prejudice	Someone who can read signals	Role model
Someone who can relate	Someone who gives good advice	Aware of situations
Sympathetic	Someone who pays attention to detail	Intelligent
Thoughtful	Organised	Expressive
Trustworthy	Professionalism	Youth Oriented
Open minded	Logical	In touch with society
Share the same interests	Observant	Can form relationships
Supportive		Someone who will stay with you through the whole process

The 'perfect' member will be



Here are some of the young people's avatars



The YP's vision for the future of EH&WB in Sefton

Twitter exercise

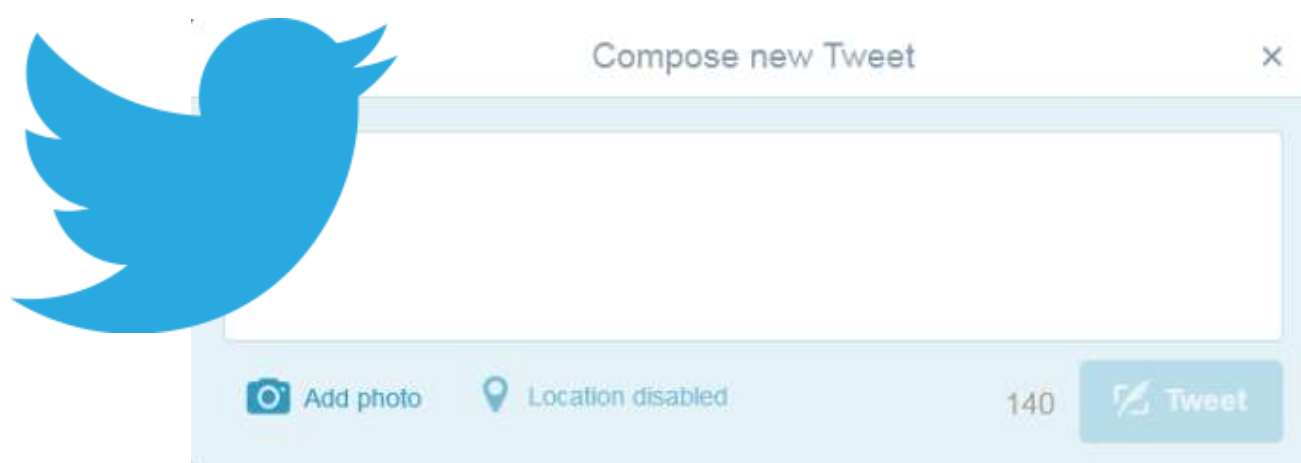
The idea of this exercise was to get the young people to create their own mission statements, using only 140 characters, for what would success look like in terms of EH&WB?

Each young person was given a blank tweet box and they were asked to create their own statement. Each statement was then collected by the Young Advisors.

'No barriers, people caring, listening and freedom'

'To be happy and proud of who we are. We are all different for a reason'

'I'm autistic but look at me now I'm sitting with 'normal' people so am I really that different?'



Tweets

'Happy, good balance of emotions, confidence, acceptance for everyone and everything'

'Success would be complete confidence and contentness in every decision and challenge: the ability to talk to people without anxiety or worry: to sleep happily. '

'In a perfect world, I have a massive house and I just £1 Billion. Life's great. Everyone's happy.'

'Everything is great! I've never been so happy! #LoveLife #BePositive loving life all the time!'

'Life is boss, services on point providing loads of support #ServicesOnFleek #Happy #Vivo #LifelsGreat '

'The Sun is always shining and you have great friends and fun'

'Happy everything's going great , family '

'My services are perfect, I'm loving life #IWinAtLife #OnPoint #Sefton #Twitter #MyMentorIsBetterThanYours #LifeLike '

'OMG so happy! #LifelsGood #MyMentorIsBetterThanYours'

#LifelsGreat #ServicesOnKep #LovingLife #ServicesOnFleek

'Everything is finally going well! Yay'

'My life is perfect and I feel great. No worries or concerns or problems. My supportive workers and companies were successful. Wow, how great it is to be #Free'

I't's a brilliant day!'

'Another perfect day, everyone is happy and no one is upset #LifesGR8'

'Feel like I can do anything and that nothing, even if the sky crashes down, could kill my mood, I'm on top of the world'

'I love my mates and my family. Everything is perfect in my life'



Attendees



 **EH&WB**
School
Council Event
35+ YOUNG PEOPLE

Young advisors facilitated the consultation with school council members from across the Sefton borough (ages 11-16).

The schools involved were...

- Birkdale High
- Christ The King
- Formby High
- Greenbank High
- Hillside High
- Litherland High
- Maghull High
- Savio Salesian
- St Michael's High
- Stanley High
- MAD Group
- Camhelions
- Well YP
- Venus



Continuing the conversation

Promotion of creative arts projects with Caroline Scott

Sefton CVS runs creative arts projects around young people's mental health. The lead for these projects is Caroline Scott who introduced herself to the young people and explained more about her projects. Flyers were handed out to the YP and there was also an opportunity for the YP to vote on funding. Each YP was given a voting ticket and took a vote on where they would like mental health funding to be spent. Either at the preventative, community or CAMHS stage.

Youth Parliament

A representative from Youth Parliament attended the event and explained what it is and how the YP can be more involved.

Gabby explained how the YP can be involved in their 'Make your mark' campaign. She encouraged the school council representatives to take the information back to their teachers for other students to vote. This is a vote

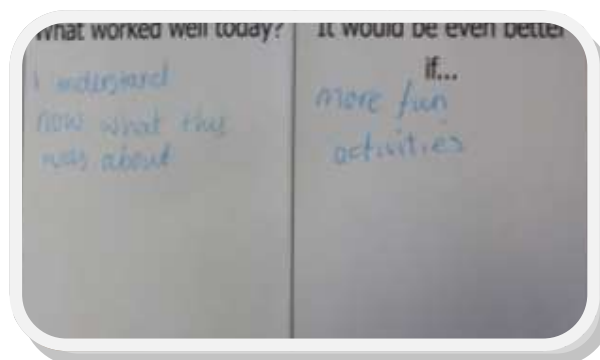
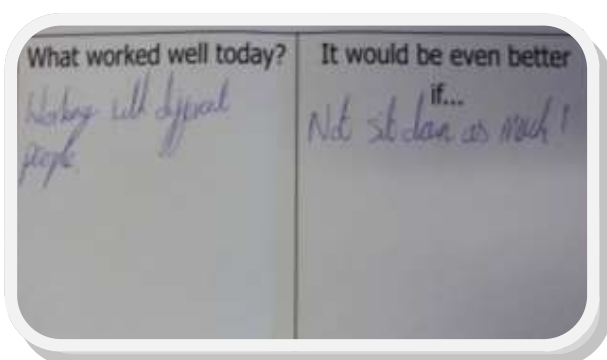


Reflections

Evaluation of the event from the young people involved

Each YP filled out an evaluation form to reflect on their day at the EH&WB event. They were asked what worked well on the day and what could have made the day better?

What worked well on the day?	It would have been even better if...
<p>Activities worked well as now has an understanding of EH &W</p> <p>The solar system session was fun and creative but also got people thinking</p> <p>Activities because they tested people's confidence</p> <p>Session because it allowed people to make friends</p> <p>Social activities (icebreakers and energisers)</p> <p>Confident young people presenting the day</p> <p>Good communication between facilitators and that helped those who did not understand</p> <p>The effort to mix up different schools</p> <p>Games we played</p> <p>Planning of the event</p> <p>Working with different people</p> <p>We learnt actually how to get in contact with different organisations</p> <p>Working as a team</p> <p>The avatar activity, Fruit salad</p> <p>Feedback from each activity</p> <p>No body was left out as everyone took part</p> <p>Learning ways on how to get help when they have EH& W problems</p>	<p>Even more fun activities</p> <p>Everyone took part</p> <p>We could continue and do it again</p> <p>If there was more people</p> <p>Had a break away from the room</p> <p>Icebreaker games between all activities</p> <p>If the activities were more interesting</p> <p>If I met more people</p> <p>More people interacted with another</p> <p>We did not sit down as much</p> <p>If we watched some videos</p> <p>If more people out of each school came to the event</p> <p>Room was too stuffy</p> <p>Done more activities to boost peoples confidence to get them more involved</p> <p>If more sensible people came, not people that just wanted to mess around</p> <p>If the event was separated into year groups</p>



Appendix

Session plan

Resources

Recorded findings for each activity



SEFTON YOUNG ADVISORS

Emotional Health & Wellbeing School Council Event Session Plan.....

TIME	ACTIVITY	DESCRIPTION	RESOURCES
09:30	<p>Arrival, Registration Lead: Alex and Isabelle</p> <p>Introductions Lead: Eleanor</p>	<p>Explain the purpose of today- Sefton has identified EH&WB as a priority for young people. A lot of organisations, the council and professionals have been looking at how we build better services that support young people. We have worked closely with these partners to design a consultation day with young people so that you have the opportunity to influence the EH&WB strategy for Sefton. There are lots of elements that need to be considered and discussed- we are going to focus on a few of these.</p> <p>REFER to continuum- during our conversations we will look at the range of services and people out there who support us. What we will tend to focus on are the services/people at help that is at the prevention - like our schools- teachers, mentors, school nurses, youth groups and organisations, sports groups, our doctors. This doesn't mean we can't talk about the services at the other end- like CAMHS, Samaritans, etc.</p> <p>But- how can we improve prevention so that fewer young people need the clinical/focused support,</p>	<p>Name badges Pens Sign in sheet</p>
09:45	<p>Icebreaker/Team builder Lead: Sam</p>	<p>Human bingo</p> <p>We will start with an activity that allows us to find out information about each other. Everyone needs a 'human bingo' sheet and pen. The aim of the game is to find a different person to answer each of the topics</p> <p>There will be a prize for the 1st person to complete their sheet, with different names for each box.</p>	<p>Human bingo sheets Pens</p>
10:00	<p>Game Lead: Jo Lee</p>	<p>Nintendance This is a game that will get everyone working together and having fun</p>	
10:20	<p>Understanding emotional health Lead: Ryan</p> <p>Clouds- on washing lines around room</p>	<p>Based on the groups formed above, Split room into 5 groups of 6. Avatar – draw around someone/ draw a bubble person. Inside of the avatar: what do you need to be emotionally healthy? What makes you happy?</p> <p>Prompt YP: look at each part of the body and what it does (listening, being heard/sharing how you are feeling, moving- so hobbies and activities, TV shows, music, food, security of networks, etc)</p> <p>Outside of the avatar: what could affect your emotional health & wellbeing both positively and negatively? These</p>	<p>Flipchart paper/ roll of long paper Pens Clouds</p>

		<p>can be services, people, things, activities, places, events, etc. What in your environment affects your mental health? What experiences have you had that affect how happy you are?</p> <p>Prompt: get YP to think as widely as possible to include: school, families, friends, peers, GP, school nurses, Samaritans, NSPCC, CAMHS, counselling, youth groups, clubs, hobbies, sports, etc</p> <p>Events- exams, falling out with friends, arguing with parents, not enjoying a lesson, getting lost somewhere you don't know...</p> <p>Each group to feedback to the rest of the group- 2 things inside the avatar and 2 things outside.</p> <p>N.B. anything that the group identify as something that really impacts on them positively, stick it onto the white clouds. Anything that is identified to have a negative impact on the group, stick on the grey clouds.</p>	
10:45	<p>Break</p> <p>YAs stick the services/places/people/things etc. onto the giant jenga blocks.</p>		
11:00	<p>Promoting resilience,</p> <p>Lead: Joel (Ryan and Katie to be part of <u>roleplay</u>)</p> <p>Lead: Isabelle</p> <p>All team to facilitate each group</p>	<p>Activity- what is resilience</p> <p><u>Roleplay</u> to demonstrate good/poor resilience</p> <p>Ask YP to explain what was happening</p> <p>Ask YP "When you are experiencing tough emotions, what do you do?"</p> <p>Each table to think of 1 thing that can be added to the Resilience umbrella</p> <p>We are going to play <u>jenga</u>. We will have a full group run through and then you'll work on your tables.</p> <p>Giant <u>jenga</u> – <u>jenga</u> blocks will have stickers on the side with the services/people/places/events etc.on. Ask the group to play giant <u>jenga</u>, removing the blocks with the things that they don't feel are the most important.</p>	<p>Giant <u>jenga</u>.</p> <p>Paper/stickers</p> <p>Pens</p>
11:35	<p>Improving access to effective support</p> <p>Lead: Katie</p> <p>All team to facilitate each group</p>	<p>Start with a discussion of what this is- what does 'access' and 'effective support' mean. Refer to the services they have already identified- this part of the session is going to look at why these people and services don't always communicate effectively and how we might suggest they improve this</p> <p>In groups, YP will have polystyrene spheres- Some spheres will be pre-labelled but the others need to be labelled with an important person,</p>	<p>Barriers</p> <p>Toy cars</p> <p>Flipchart paper</p> <p>Pens</p> <p>Flags</p>

		<p>service, agency that can support EH&WB (use the list created for the previous session).</p> <p>They will have barriers (in the shape of jelly babies); they need to explain how these barriers stop the people/services/agencies/events above from giving effective support. They can write the barrier on a post-it note</p> <p>The groups then need to build a communication system that bypasses/breaks down the barriers and links people/services/agencies together around the YP in need</p> <p>They will do this by linking the spheres together around a young person</p> <p>Feedback- what ways did they think would be best to provide 'effective' access</p>	
12:05	Lunch Youth Voice Opportunities- point young people towards finding out about MYM and contributing to <u>Camhelions</u> survey		
12:50	Energiser Lead: Joel	All change – fruit salad Go round the group and get the YP to name themselves either <u>banana</u> , apple, pear, grape. Then call out one of these and those people need to move seats. If time, move on to naming things that they have/do not have to get them moving (eg: everyone with blond hair/ wearing earrings/ wearing a school uniform...)	
13:00	Developing the workforce Lead: Ryan All team to facilitate each group	Groups need to refer back to the avatars made earlier as a reference point Groups to make a new Avatar – what makes a “perfect” member of the EH&WB workforce? Ask: Who are the people we need to help us? Prompt them to think about teachers, school nurses, mentors, peer mentors, GPs, CAMHS, etc. Draw around someone, ask people to fill in the attributes/skills/personality of a “perfect” member of the workforce Feedback to the rest of the group- 2 or 3 points from each.	Flipchart paper Pens
13:35	Mission statements Lead: Katie	Ask the group to create a mission/vision statement in 140 characters like a tweet for ‘what would success look like’. Ask people to work together on their tables to create a tweet.	Clouds Tweet templates Pens
13:45	Youth Voice Opportunities Session Evaluation	Make Your Mark The <u>Camhelions</u> Evaluation	
14:00	Mindfulness exercise Lead: Shana	Breathing exercise to finish our day	

<h1 style="text-align: center;">B I N G O</h1> <p style="text-align: center;">find someone who..</p>				
Can name a type of food that makes them happy	Is looking forward to the summer holidays	Can tell you about their hobby	Has finished all their exams	Has a great best friend
Has techniques to de-stress	Is a laid back person	Find the person who has the best hair style in the room.	Is going on holiday this year	Can tell you about their favourite place
Gets on well with their siblings	Has read a book recently	Can tell you about their favourite musician	Can tell you about what makes them happy	Can tell you about their favourite belonging

Compose new Tweet ×

What's happening?

140
Tweet



Understanding emotional health notes

White and Grey Cloud Notes

The 5 groups both discussed what affects their emotional health positively and negatively with examples such as music (positive) and arguing with friends (negative). The positive things were then written on white clouds whilst the negative things were put on grey clouds.

White Clouds

Books	Drawing	Exercise	Chinese Food
Reading	Netball	Outside	NHS
Meeting up with friends	Hockey	Chick Flicks	Singing
Food	Shot-put	Achievements	Crispy Wontons
Wi-Fi (Free)	Watching YouTube and TV	Art	Dry Shampoo
Tennis	Swimming	The Woods	Teachers
Playing with my cat	Ed Sheeran	Good Relationships	My nan
Rounders	Going to the gym	Pocket Money	Japan
Football	Everton FC	Going to clubs	Queen (Band)
Bench Ball	Family	My phone	Twenty One Pilots
Sunny Days	Going to the beach	Passing Exams	Troye Sivan
Cheese	Internet	Term brakes	Drumming
Holidays	Derby Park	McDonald's	Flower Crown
Camping	My bike	Getting involved	Days Out
British Bulldogs	Subway	Geography	KFC
Cycling	JD Sports	Clothes Shopping	Josh Dun
Hummus	Formby Pinewoods	Getting Merits	Halsey
The 70's	Being respected	Meeting new friends	Coldplay
Music	BBQ's	Hitting your target levels	Feeling understood
Dancing	Tumblr	Instagram	Having a belief
The Summer	Doodling	Snapchat	Knowing yourself
Spain	Being listened to	The Conjuring 2	Having stable
Pets	Siblings	Fairs	relationships
Maths	Movies	River Island	Lush Bath bombs
My birthday	Harry Potter	Nike	80's Movies
Unlimited Data	Partners	Huaraches	Shakespeare
P.E	Confidence	John Lewis	Netflix
Good Grades	Walking	Pizza Express	Ikea
New makeup	Social Life	Trampoline	Caffeine
Science	Camping	Tea	Familiar Surroundings
Shopping	Water Sports	Nando's	Athletics
Concerts/Festivals	Boats and Cars	My stepdad	Christmas
Cinema	Social Media	Guinea Pigs	Going home
Chips	Looking Good	Pugs	Barbados
Tech	Trust	Disney	Opportunities
Video Games	Relaxing	Hugs	
Lie ins	Being Healthy	Game Day	

Understanding emotional health findings

Grey Clouds

When there is no internet or service	If the RSPCA shutdown
Angry people	If chocolate runs out
Bad weather	Bullying
When I break my bike	Lying
Homework	When people die
Facebook	If pets die
Bad hair days	Being grounded
When people shout when they are right next to you	Salad
School	Tomatoes
Subway	Periods
Arguing with friends	Washing your hair
Drama Queens	Lettuce
Donald Trump	Being alone
Losing a snapchat	Detentions
Being tired	Family issues
Losing a friend over something stupid	Domestic violence
Losing data	Stressing about exams
No Wi-Fi	Neglect
Waking up early	Death of loved ones
Being cheated on	Unhealthy relationships
When Liverpool lose	
When Everton win	
Some modern art	
Sad films	
Arguments	
Adting	
Tests	
Getting a cold shower	
Rain	
People at school	
Being blamed for other people's mistakes	
Seeing a friend upset	
Arguing with siblings	
Exams	
Being hungry	
New surroundings	
When you stub your toe	
Snotty people	
When you get bad news	
When you have to do something you don't want to do	
When a song you hate comes on	



Understanding emotional health findings

Jenga Notes

On the group's tables, there were sets of Jenga with the wooden blocks having labels on them.

On these labels were things such as:

- Friends
- NSPCC
- GP
- Samaritans
- Youth Workers
- Teachers
- Free Time
- Sport

Group 1

Sport – Don't really need sport that much, other things are more important

Free time – People may waste their free time

Teachers – Some teachers aren't very good at helping you

Youth Worker – Never used that service

Samaritans – Didn't know about them

GP – Needs to be more accessible

NSPCC – Important for when in danger

Friends – Very important otherwise you may feel lonely

Group 2

Least important services

Hobbies – not as important as school

Doctor/GP – don't like telling them personal information

Mentors/Form Tutors – Usually too formal dealing with problems/situations

School Nurse

Family – Rather talk to someone else about issues and problems

Most important services

- School – Most important
- Hobbies
- Friends
- CAMHS



Promoting resilience findings

- Think positively
- Terminate relationships when needed
- Stand your ground
- Be civil
- Make the effort for others
- Be in the know
- Ignore 'haters'
- Surround yourself with good people
- Prepare
- Find something to occupy yourself
- Believe and you will achieve
- What's the worst that can happen?
- Ignore them
- Prepare, plan ahead
- Don't give up!

Improving access to effective support

GROUP 1

Services/Support

- CAMHS
- Teachers
- Form Teachers
- Child line
- Friends

Barriers

- Cause family worry - Family
- If a family is causing a problem then friends could be indecisive of who to go to, to help them – Friends
- Maybe the family is the problem – Family
- The Teacher maybe busy – Teacher/Form Teacher
- They may lose that friend – Friend
- Don't want to cause their family stress or cause or arguments – Family
- Young person might no want anyone to know about the problem
- The service might not be able to share the young person's information with other services



Improving access to effective support findings

GROUP 2

Services/Support

- School
- YPAS
- Child Line
- NSPCC
- CAMHS
- Local GP
- Family
- Samaritans
- Friends
- Mentors
- Teachers
- Form Tutors

Barriers

- May be embarrassed to tell others
- Lack of confidentiality
- Lack of knowledge with the specific problem
- Not a well known service
- YP might feel like their problems aren't bad enough to justify contacting a service

Group 3

Services/Support

- Family
- School
- Teachers
- Friends
- CAMHS

Barriers

- Not accessible – CAMHS
- Most people don't know what it (CAMHS) is as it is not publicised well enough to the general public
- You might be afraid of people on your school finding out about your problems – School/Teachers
- You always spend time with them but you may be nervous talking to them about personal things like your mental health – Friends and Family
- You can't access their support all the time e.g. School holidays, weekends – School/Teachers



Developing the EH&W workforce findings

Group 1

- Trained
- Common Sense
- Willing to just chat
- Relatable
- Good Listener
- Approachable
- Good Communication
- Caring
- Friendly
- Funny
- Good sense of humour
- Young/understanding
- Shared Experience
- Down to earth
- Sensitivity
- Discreetness
- Free time
- Willing to talk
- Confidential chit-chat
- Accessible/Willing to come to you
- Can put themselves in your shoes

Group 2

- Understanding
- Supportive
- Kind
- Respectful
- Reliable
- Confidence Boosting
- A friend
- Considerate
- A positive thinker
- Sense of humour
- Not prejudice
- Role Model
- Experienced
- Connections
- Provide a comfortable setting
- Safe
- Degree in Social Care
- Should make you feel comfortable and at ease

Group 3

- Aware
- Can relate
- Wise
- Good listener
- Intelligent
- Can read your signals that show your down
- Expressive
- Can connect with you
- Can give good advice
- Pays attention to the small details
- Organised
- Professional
- Fun

Group 4

- Youth orientated
- Funny
- Guiding
- Accessible
- In touch w/ society
- Reachable
- Sympathetic
- Thoughtful
- Can form relationships
- Ability to put themselves in your shoes

Group 5

- Trustworthy
- Open-minded
- Logical
- Keen to explore issues
- Share similar interests
- Observant
- Can look deeper into issues
- Can carry on through bad times
- Can break down walls
- Will stay with you
- Can see both sides of an issue

YP's vision of EH&W findings

- 'No barriers, people caring, listening and freedom'
- 'To be happy and proud of who we are. We are all different for a reason'
- 'I'm autistic but look at me now I'm sitting with 'normal' people so am I really that different?'
- 'Happy, good balance of emotions, confidence, acceptance for everyone and everything'
- 'Success would be complete confidence and content contentness in every decision and challenge: the ability to talk to people without anxiety or worry: to sleep happily. '
- 'In a perfect world, I have a massive house and I just £1 Billion. Life's great. Everyone's happy.'
- 'Everything is great! I've never been so happy! #LoveLife #BePositive loving life all the time!'
- 'Life is boss, services on point providing loads of support #ServicesOnFleek #Happy #Vivo #LifelsGreat '
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- 't's a brilliant day!'
- 'Another perfect day, everyone is happy and no one is upset #LifesGR8'
- 'Feel like I can do anything and that nothing, even if the sky crashes down, could kill my mood, I'm on top of the world'
- 'I love my mates and my family. Everything is perfect in my life'
- 'Feeling really happy with my friends'



MEETING OF THE GOVERNING BODY September 2016

Agenda Item: 16\148	Author of the Paper: Ann Dunne Designated Nurse / Head of Safeguarding (Children) Ann.dunne@haltonccg.nhs.uk						
Report date: September 2016	0151 495 5469						
Title: Safeguarding Annual Report 2015/16							
<p>Summary/Key Issues: This is the third annual safeguarding report to NHS Southport & Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS Southport & Formby Clinical Commissioning Group is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough. The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table border="1"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body September 2016

1. Executive Summary

- 1.1 This is the third annual safeguarding report to the Governing Body of Southport & Formby Clinical Commissioning Group (the CCG). The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough of Sefton.
- 1.2 The CCGs annual report takes account of:
- National changes and influences
 - Local developments
 - Activity
 - Governance arrangements
 - Any challenges to business continuity.
- 1.3 The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body. There is direct access by the Designated Professionals to the Chief Officer.
- 1.4 The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

2. Key Issues

- 2.1 The Annual Reports provide the Governing Body with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2015-16 reporting period.
- 2.2 This includes updates on:
- The National Context e.g. Safeguarding Vulnerable People in NHS Accountability and Assurance framework; Safeguarding Inspection Framework
 - Local Context e.g. The CCGs Safeguarding Governance and Accountability arrangements
 - Progress against last year's priorities
 - Female Genital Mutilation (FGM) and Harmful Practices
 - Child Sexual Exploitation
 - Looked After Children
 - Domestic Abuse
 - Deprivation of Liberty Safeguards
 - Supervision
 - Themes and lessons learned from NHS investigation into matters relating to Jimmy Savile
 - Policy reviews
 - Supporting contact/commissioning processes
 - Effectiveness of Safeguarding Arrangements.
- 2.3 Business priorities for 2016/17 and key work streams are also highlighted.

3. Recommendations

The Governing Body is asked to approve this report

Appendices

Appendix A: Southport & Formby Clinical Commissioning Group Safeguarding Annual Report 2015/16

Ann Dunne
Designated Nurse / Head of Safeguarding (Children)

Staying **local**
& **together**



*Southport and Formby
Clinical Commissioning Group*

Safeguarding Annual Report 2015/16

Author: CCG Safeguarding Service

Date: August 2016



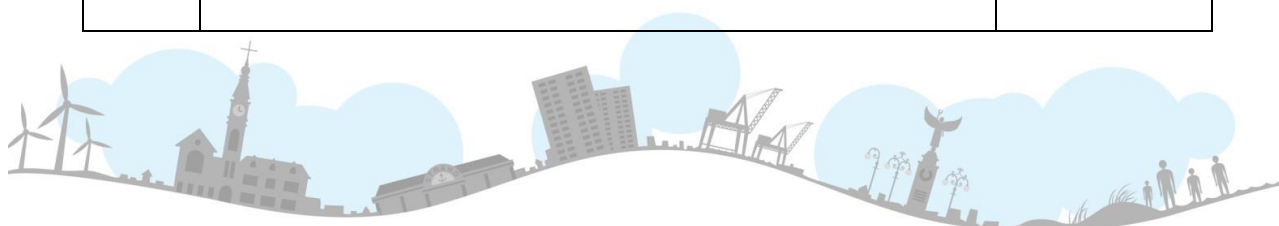
Foreword by the Chief Nurse for CCG

NHS Southport and Formby Clinical Commissioning group (CCG) demonstrates a strong commitment to safeguarding children and adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for children and adults at risk and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



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Executive Summary

This is the third annual safeguarding report to NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body ; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.



1 Purpose of the report

This is the third annual safeguarding report to the CCG Governing Body.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. Separate annual reports have been written in respect of Looked after Children, child deaths and MCA/ DoLs.

Key areas of priority were established and reported in the Safeguarding Annual Report 2014-15 and progress against these priorities is detailed in the action plan included in Appendix 1.

This report will summarise achievements and activity undertaken in 2015-16, highlight recommendations for 2016-17 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports.

2 National Context

2.1 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)

Safeguarding accountabilities for CCGs, NHS England, NHS Providers and other Organisations within the health economy are defined within the Accountability and Assurance framework: Safeguarding Vulnerable People in the NHS (2015).

The revised document, published in July 2015 outlines the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. It has been revised in partnership with professionals from across the health and social care system, recognising that the new responsibilities set out in the Care Act 2014 which came into force on 1st April 2015.

The framework places equal importance on the need to safeguard children and adults whilst meeting all statutory requirements.

The key legislation governing the work of safeguarding children and adults at risk is:

The Children Acts 1989, 2004



Working Together to Safeguard Children (2015)

Promoting the Health and Well-Being of Looked after Children (2015)

Safeguarding children and young people: roles and competences for health care staff, intercollegiate document (2014)

The Care Act 2014

Section 11 of the Children Act 2004: requires CCGs to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children and that duty extends to all commissioned services.

The Care Act 2014: This statutory guidance was updated in March 2016 and supersedes the version issued in October 2014. The revisions take account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.

2.2 Safeguarding Inspection Framework

A new approach for an Integrated Inspection regime comprising the Care Quality Commission (CQC), Ofsted, Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMI Probation) was announced in 2015 and commenced from 1st February 2016.

This Joint Targeted Area Inspection (JTAI) will examine how the Local Authority, Police, Health, Probation and YOS all work together to identify, support and protect vulnerable children and young people. There are requirements on all agencies to provide information and evidence to support and enable independent assessment against the inspection criteria.

As part of the JTAI framework, a review of the 'multi-agency' front door and a planned 'deep dive' theme will be conducted. For inspections called between February and August 2016, the focus was: Child Sexual Exploitation and missing from home, education & care.

The CCG ensured that all commissioned health providers were briefed on the Inspection framework and were supported to prepare for any announcement of JTAI in Sefton whilst ensuring that the CCG itself was prepared.



3 Local Context

The Borough of Sefton has an approximate population of 274,000. Children and young people under the age of 18 years total 53,480; this is 19.6% of the total population. Approximately 20% of Children and young people live in poverty.

Minority ethnic groups account for 3% of the Sefton total population. Children and young people from minority ethnic groups account for 4.3% of all children living in the area, compared with 22% in the country as a whole.

The CCG and Partner agencies work together to ensure that this information informs future commissioning arrangements.

3.1 NHS Southport and Formby CCG Safeguarding Governance and Accountability arrangements

To meet with national safeguarding requirements, the CCG commission a Hosted Safeguarding Service. The hosting arrangements remain with NHS Halton CCG as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor and Named GP. All of these professionals act as clinical advisors to the CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCG on Sefton Safeguarding Children and Adult Boards and who is also a member of the CCG Governing Body.

The CCG continues to work in Partnership with statutory agencies and third sector to support safe and effective delivery of services against the safeguarding agenda.

Appendix 2 details the range of sub groups relating to the strategic partnerships that the CCG is represented on.

4 Progress against the last years priorities

4.1 Female Genital Mutilation (FGM) and Harmful Practices,

New legislative measures were brought about by the Serious Crime Act 2015 resulting in a mandatory duty to report cases of Female Genital Mutilation (FGM) from 1st October 2015, including the need to report any cases of FGM in a child under 18 years of age to the police. Within Merseyside there has been an agreement that the cases will be reported via MASH or



other relevant safeguarding front door services as with all other safeguarding cases. In addition to the mandatory reporting a requirement is in place for providers to return information on cases of FGM to the Health and Social Care Information Centre (HSCIC) as part of the Enhanced Dataset.

The CCG Safeguarding Service has led and supported the development of a Pan Mersey FGM Policy. The FGM Policy incorporates the agreed pathways and outlines the roles and responsibilities throughout the health economy. Mandated reporting is included as part of the safeguarding quality schedule. The Named GP is engaged in the process of developing a pathway for Primary Care reporting of the required information.

The Pan Merseyside FGM Policy was presented and approved at Sefton LSCB in January 2016

4.2 Child Sexual Exploitation

The CCG remains fully engaged in the Child Sexual Exploitation (CSE) agenda. The CCG Safeguarding Service continues to be represented on National, Regional and Local forums to ensure national and local developments are embedded within the local health economy. This has included the CCG contributing to the DfE and Home Office Consultation on the statutory definition of CSE.

The CCG Safeguarding Service has developed a standard statement for CSE and included this in the contracts of the CCG commissioned health services. As such commissioned Services will be required to take into account and adopt the Pan Cheshire/Merseyside Child Sexual Exploitation Multi-Agency Strategy 2014 -2017 and Merseyside Multi-Agency Protocol: Child Sexual Exploitation (2014). This has included ensuring that the workforce is aware of vulnerability factors and risk indicators associated with CSE, has undertaken appropriate level of CSE training in accordance with role, understands the referral processes where concerns are identified and can contribute to localised procedures (MACSE-Multiagency Child Sexual Exploitation Meetings) all of which will be monitored through the organisations Safeguarding Quality schedule submissions. The Quality schedule has been further strengthened for the 2016-17 reporting period to include a specific Training Needs Analysis and supervision oversight of cases where CSE has been identified.

During 2015 / 16 the CCG has been assured that there has been a reduction in the 'risk' of staff within commissioned services not being aware of, trained or knowing how to make a referral in relation to CSE due to the reporting requirements in place. Latest statistics show good compliance with training programmes and a small increase in the numbers of referrals being made.

The CSE Health Group, founded and Chaired by the Designated Nurse has continued to meet on a quarterly basis using the Merseyside footprint. Membership includes the CCG commissioned health services and public health services. Specific work from this group,



subsequently shared with the wider LSCB partnership, has included establishing a data base for organisation/ service Single Points of Contact and development of a pathway for enabling flagging of cases identified as being at risk of CSE at the Multi Agency CSE (MACSE) meeting.

CSE awareness and referral pathways have been promoted throughout the CCG and constituent GP practices through regular communications and a presentation at the Protected Learning Time event in July 2015. The CCG Safeguarding Service facilitates the communication of further regional work done in respect of including guidance on Information Sharing (2015) and an NHS England (NHSE) CSE Handbook has been shared within the health economy.

4.3 Looked After Children

In 2015 the CCG supported the recruitment of a specific post within the Safeguarding Service. A whole time equivalent Designated Nurse Looked After Children (DNLAC) commenced in post in May 2015. The role is to provide expert health advice and clinical leadership to the CCG and local health providers in relation to the quality and development of service for Looked After Children. Strategic oversight of services is essential to this role, to ensure that robust clinical governance of NHS health services for Looked After Children are in place. A separate Annual Report has been authored by the DNLAC as per national requirements which further details progress against this priority however key achievements include:

- The development and implementation of the CCG Children in Care Strategy and an action plan which is monitored within the Quality Directorate of the CCG.
- Completion of baseline audit of the CCG against both national guidance and NHSE baseline tool "*Right People, Right Place, Right Time, Right Outcome*" and the development of action plan in response to the findings.
- Completion of a baseline statement with the CCG commissioned providers. The findings of which informed the review and change of the existing Key Performance Indicators (KPI's) within the Quality schedule.

4.4 Domestic Abuse

The CCG remains engaged in the domestic abuse agenda working in Partnership with the Local Authority and third Sector Organisations. In July 2015 Sefton Domestic and Sexual Abuse Strategy 2015-2018 was approved.

The term 'domestic violence and abuse' is used to mean any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over.

As part of the commitment to commission safe services the CCG safeguarding quality framework includes standards to ensure that they are compliant with current guidance on



domestic abuse. This ensures, as a minimum, that service users receive a response from appropriately trained staff enabling support in a safe and timely manner. Further work needs to be progressed across the Partnership and with commissioned health services in relation to this agenda and this will remain a priority in the 2016/17 work plan for the CCG Safeguarding Service as part of the wider harmful practice agenda.

4.5 Deprivation of Liberty Safeguards

The safeguards aim to ensure that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives. The CCG has supported the introduction of a full time Lead for this area of work within the Safeguarding Service to support safe discharge of statutory responsibilities as all commissioned health care for people over the age of 16 years has to be MCA compliant and as such the MCA Lead is required to advise the CCG on this matter.

The CCG Safeguarding Service has ensured that the safeguarding quality schedule, applied to all commissioned services, contains elements such as training, policies, systems to evidence applications and approval (mandatory reporting), management oversight and quality to provide assurance that commissioned services are delivering safe care. The MCA Lead continues to support Services to progress with the agenda and to identify risk in the system.

An Annual Report has been produced by the MCA Lead to provide further detail and should be read in conjunction with this document.

4.6 Supervision

Working to ensure children and adults (at risk) are protected from harm requires sound professional judgments to be made. It has long been acknowledged that “consistent, high quality supervision is the cornerstone of effective safeguarding of children and young people” (NSF, 2004).

During 2015/16 a supervision strategy has been developed to provide a framework and support delivery within the Borough. The CCG Safeguarding Service continues to provide a programme of safeguarding supervision for senior / specialised staff within health services commissioned by the CCG.

Further areas of work supported

4.7 Themes and lessons learned from NHS investigation into matters relating to Jimmy Savile

In February 2015 the final report written by Kate Lampard and Ed Marsden was published, this summarised the findings of the NHS Savile investigations. The report makes a series of 14 recommendations; these are separated into those that apply to: Provider Healthcare Trusts, joint Department of Health and NHS England and the Home Office. The focus of CCG activity



has been on Provider Healthcare Trusts. In May 2015, the CCG Safeguarding Service requested that commissioned organisations complete and submit a self-assessment audit against all the recommendations following the investigations relating to Jimmy Savile. These were received and reviewed by the Safeguarding Service with the Quarter 3 quality schedule submissions (January 2016). The end of year position was that all Provider Healthcare Trusts had outstanding actions remaining against the recommendations; these were in relation to internet access, the proposed cycle of DBS checks, visitors to Trust premises and training for volunteers. Progress was being made against these identified areas and no Trust was assessed as having an area of high risk, assessment showed medium and low risk areas only. This area of work will be monitored in to 2016/17 until all recommendations have been implemented.

4.8 Policy reviews

The CCG Safeguarding Service reviewed: The Safeguarding Adult and Children Policy and Management of Allegations Policy in accordance with national policy and guidance changes. Both policies were ratified as per the CCG governance process.

4.9 Procurement

The CCG Safeguarding Service has provided support to the redesign and commissioning process for some of the children's services within the Borough working closely with Local Authority colleagues to ensure that any specification is congruent with safeguarding legislation and guidance.

5 Effectiveness of Safeguarding Arrangements

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged ie the need to safeguard and promote the welfare of children and young people. The current arrangements require the CCG to submit evidence of safeguarding compliance to Sefton LSCB for scrutiny as per the agreed audit cycle. During 2015/16 a full assessment against the Section 11 standards was prepared and reported via the CCG Quality Committee prior to submission to Sefton LSCB. Self-assessment did not highlight any significant risks, the Board's external scrutiny and formal reporting back into the CCG had not been received at the time of reporting. Any confirmed areas of risk requiring action will form part of the CCG work plan and be formally monitored via the agreed governance process.

In February 2016 NHS England (NHSE) declared their intention to formally assess all CCGs against a regionally determined safeguarding framework to determine the safe discharge of safeguarding responsibilities within the North region. This assessment would also help inform the national picture for safeguarding (both children and adults at risk) by identifying areas of



good practice and those requiring improvement. The assessment of the CCG took place in April 2016 and the feedback received in May 2016 identified three areas requiring improvement; these were assessed as low risk. An action plan is now in place to address these issues progress against this will be reported in the 2016/17 annual report.

During February and March 2016 Sefton LSCB and Local Authority (LA) services for children in need of help and protection, Looked After Children and care leavers was subject to an Ofsted Inspection using the Single Inspection Framework. The inspection took place over a four week period and was supported by the CCG and commissioned health Providers within the Borough.

The final report, although not within this reporting year, was published in June 2016 the judgment being that the LSCB was assessed as being inadequate and the LA Children's Services assessed as requiring improvement. The CCG, in conjunction with Partner agencies, continue to support and progress actions against the recommendations made by Ofsted to improve outcomes for children and young people in the Borough. Progress against this will be reported in the 2016/17 annual report.

As reported previously the CCG has a statutory duty to ensure that that all health providers from whom services are commissioned promote the welfare of children and protect adults from abuse or the risk of abuse; and are able to demonstrate that outcomes for children, young people and adults at risk are improved. The CCG remains committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been demonstrated and agreed recovery / progress has not been achieved then contractual levers can be evoked all of which is agreed and monitored via the Clinical Quality and Performance Group (CQPG) meetings. In more exceptional circumstance then the CCG will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group (QSG) to gain a shared view of risks to quality through sharing intelligence. The CCG, as Coordinating Commissioner, has evoked the use of such contractual levers within 2015 / 16 by the issue of a performance notice to one of the main Healthcare Trusts providing services within the Borough. The CCG, working in collaboration with the co-commissioner (a neighbouring CCG) and the individual Trust developed a recovery plan to support the Trust to achieve contractual compliance in a determined timeframe but without compromising safety and quality.

The Designated Professionals Safeguarding furnish the LSCB Critical Incident Panel, the Audit subgroup and the SAB sub groups all of which have a function of scrutinising frontline practice across all Partner agencies. This overview adds further dimension to the CCG performance information received within the contractual process which supports assurance or the identification of risk within the system. During 2015 / 16 information from this source such as early identification and response to neglect, using information held by adult services to



improve risk assessment has been used to enhance the 2016/17 quality schedules and work plans within the CCG and the commissioned health services.

Early 2015/16 saw the full sign off of the completed action plan in relation to the Mersey Internal Audit Agency findings of 2014/15 with evidence being reported using the CCG governance arrangements of Quality Committee and Governing Body.

6 Learning and Improvement

The CCG continues to promote the learning and development of staff; safeguarding training is part of the mandatory schedule for all CCG employees. The Table below provides the end of year uptake.

Training requirement	Percentage uptake
Safeguarding Adult Level 1	95 %
Safeguarding Adult Level 2	70%
Safeguarding Children Level 1	95%
Safeguarding Children Level 2	73%
Governing Body / Board	48%

The CCG Training Strategy is a stepped approach to training and requires staff to work through the each mandated level of training assigned to role. Overall 95 % of all CCG staff, including Governing Body, are Level 1 compliant and have basic safeguarding knowledge and able to respond to a safeguarding issue.

The nature of the CCG business is such that the numbers of staff requiring Level 2 and Governing Body training remain small and therefore disproportionately affect the figures. Throughout the reporting year changes in staff have impacted on training compliance. Training will remain a priority area for the CCG throughout 2016/17 to ensure progression to full compliance against all Levels of training.

Throughout the year the CCG have continued to strengthen the process in relation to Serious Incidents (SI's); the CCG Safeguarding Service now being core members of the SI Group. The CCG ensure that the learning from all SI's is used to drive improvement and quality within its commissioned services. Links to Sefton LSCB / SAB are being developed where safeguarding concerns have emerged and require joint oversight.

There is full engagement with the work of Sefton LSCB/SAB and the CCG Designated Professionals continue to support the Serious Case Review (SCR), Domestic Homicide Review (DHR) process and the multi-agency audit programme. Within this reporting year there have been no new Independent reviews commissioned. Learning will be used to support commissioning, service redesign and the improvement of quality within frontline service



delivery.

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Child Death Overview Panel (CDOP), a sub group of Sefton LSCB. Business is conducted on a Merseyside footprint to enhance learning. The Designated Professionals furnish this group and ensure that any learning is communicated back through to the wider health economy. During 2015 / 16 an Independent Review of the CDOP arrangements was commissioned and an action plan has been developed in accordance with the findings and recommendations. Progress against this is reported using Sefton LSCB governance arrangements and summarised within the CDOP Annual Report.

A total of 116 deaths were reported during this business year; 16 of which were children residing within the Sefton Borough. Factors identified within reviews to support learning and practice included safe sleep, parental substance misuse, Domestic Abuse and violence. The CCG subsequently supported the Safe Sleep campaign which launched in December 2015.

7 Business priorities 2016/17

In response to National priorities and key work-streams identified by Sefton Safeguarding Children and Adult Boards, the Safeguarding Service has identified the following priorities for the coming year:

- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.
- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB priorities.
- Oversee and support the LSCB Improvement plan in accordance with the Ofsted Inspection findings under the model of the Single Inspection Framework (2016).
- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking and Modern Slavery
- Lead and support the health economy with the impending changes and quality issues in relation to DoLS, including the outcome of the Law Commission Review.
- Continue to support the CCG and Provider Trust work plans to improve the quality of Transition arrangements.
- Lead a review of the MAPPA and MARAC arrangements within the CCG
- Establish and support improvements in relation to quality of safeguarding in Primary Care.



8 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2015/16. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
1	FGM and Harmful Practices	Contributing to and implementing recommendations from national guidance relating to female genital mutilation	FGM Steering Group arrangements established with neighbouring CCG		TOR & Minutes from FGM steering group available	To continue to progress the agenda and embed into practice
			FGM Working Group / task & finish group established		Minutes from FGM working group	
			FGM Policy review		Minutes from LSCB supporting ratification	
			Reports submitted to the CCG Quality Committee.		Quality Committee reports / minutes	

Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			National reporting requirements contained and agreed within safeguarding quality schedule 2016/17		Safeguarding Quality Schedule available	
2	CSE	Contributing to and implementation of recommendations from national guidance relating to Child Sexual Exploitation	<p>Merseyside CSE Health Sub Group continues to meet on a quarterly basis and chaired by the Designated Nurse CSE lead.</p> <p>The group have developed a work plan based on the National Working Group overview of health related CSE documents and recommendations.</p>		<p>Minutes</p> <p>Minutes from CSE working group</p>	To continue to progress the agenda and embed into practice



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			<p>Localised CSE KPIs have been updated in the quality schedule and now include specific metrics in respect of supervision of children subject to MACSE plan.</p>		Safeguarding Quality Schedule	
			<p>Designated Nurse has collated position of commissioned services in respect to findings from recent CSE themed JTAI.</p>		Minutes from CCG Quality Committee	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
			Designated Nurse attendance at National CSE conferences to ensure latest recommendations and guidance can be shared with and influence, the local health economy response to CSE agenda		CCG Newsletters & briefings Safeguarding Quality Schedule available	
3	LAC	Assess the CCG position in relation to expected standards contained within 2015 documentation : Promoting the Health and Wellbeing of Looked After Children (March 2015)	CCG benchmarking completed Paper and action plans reported via quality committees		Quality Committee papers / minutes	To continue to progress the agenda and embed into practice
			LAC strategy developed		LAC strategy available Minutes to support ratification	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Further monitoring and influencing the quality of health services relating to children on care of the local authority	Looked After Children / Children in care / Children Looked After performance data reported to the CCG Quality Committee.		Quality committee papers / minutes	
	Reporting requirements contained and monitored within safeguarding quality schedule 2015/16		2015/16 quality schedule available Quality committee papers / minutes			
	Reporting requirements refined and contained within 2016/17 quality schedule		2016/17 quality schedule available			



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
4	Domestic Abuse	Contributing to the development & implementation of a Borough Strategy	Domestic and Sexual Abuse Strategy 2015-2018 developed and approved		Minutes available July 2015	Implementation requires further scrutiny and assurance
		Ensure commissioned Services are compliant with national, regional, local guidance (including NICE)	CCG quality schedule developed to include elements of Domestic Abuse agenda		2015 / 2016 available	Agenda to be progressed within LSCB /SAB Health Sub groups.
5	DoLS	A Life More Ordinary (proposal made and accepted) NSSG. A Life More Ordinary -Margi Daw margi.daw@haltonccg.nhs.uk To audit the effects a deprivation of stimulation and interaction has on residents living in care homes and hospitals and how this links to the MCA/DoLS	Audit completed for: Identified Care homes and Community Hospitals & Acute completed.		Registered within SCIE as part of the MCA Directory www.scie.org.uk/mca-directory/	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Commencement of programme of walk around visits to Acute, Community Hospitals and Nursing Homes with MCA/DoLS Lead East and Mid Cheshire.	Walk around agreed and scheduled for 2016 / 17		Emails Process Plan	To be completed by June 2016
		Report to be written on completion of project.				Report to be written on completion of project. Estimated project completion June 2016 Report: December 2016



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Attendance at MCA/DoLS forums across Merseyside. Meetings with LA and Provider MCA/DoLS Leads to identify progress and issues of concern. Sharing good practice.	Minutes & Action plans reflect progress.		Minutes and papers available for 2015-16 (other Borough minutes will support sharing of Practice)	
		To receive Updates and new legislation briefings and communicate to all MCA/DoLS leads within commissioned services.	Briefs received from NHSE Legal Support & Peers Communications out to defined professional leads Increased awareness of current issues and actions taken to address evident		E-mails available to evidence contents and dates. Details available with Safeguarding Quality Schedule	



Appendix 1

	Priority	Action	Evidence of progress as of March 2016	Status	evidence	Plans 2016-17 to address
		Supervision meetings with NHSE.	Supervision scheduled throughout year		Meeting schedule available	A North Regional MCA/DoLS sub group set up with an action plan in place for 2016-17
6	Supervision	Development of supervision strategy to be utilised across the Health economy	Draft supervision strategy / policy developed			Policy to be presented to CCG Quality Committee for approval and ratification



Appendix 2
Table of Strategic Partnership Meetings and Sub Groups attended by the CCG

Partnership	Board / Sub group	
LSCB	Main Strategic Board	
	Business Partnership Group	
	Performance, Quality & Policy sub group	
	Case Review Panel / Standing Serious Case Review Panel	CCG Chair
	Child Death Overview Panel (CDOP)	
	Joint Children & Adult Training subgroup	
	Joint Liverpool & Sefton Health sub group	
	Child Sexual Exploitation Strategic Steering Group	
	CSE Gold Group	
Neglect & Early Help		
LSAB	Main / Strategic Board	
	Executive / Business Partnership Group	
	Joint Liverpool & Sefton health sub group	CCG Chair
	Joint Children & Adult Training sub group	
	Quality Sub Committee	
CCG / NHSE	MAPPA Strategic Management Board	
	Mental Capacity Act and Deprivation of Liberty Safeguards Regional Forum	
	Safeguarding Adults and Children Regional Forum NHS England	
	Quality Surveillance Groups	
CCG / Commissioned Services	Clinical Quality and Performance Group	CCG Chair
	Commissioned Trust Safeguarding Assurance Group meeting	
CCG / LA	Sefton MASH Strategic Governance Group	
	Sefton Domestic Violence Strategic Steering Group	
	Sefton MARAC Strategic Steering Group	
	Sefton Family Nurse Partnership Programme Management Board	
CCG Governance Groups	Quality Committee	
	Governing Body	

Appendix 3: Glossary of Terms

Glossary	
CCG	Clinical Commissioning Group
MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguard
CQC	Care Quality Commission
HMIC	Her Majesty's Inspectorate of Constabulary
HMI Probation	Her Majesty's Inspectorate of Probation
JTAI	Joint Targeted Area Inspection
YOS	Youth Offending Service
CSE	Child Sexual Exploitation
Named GP	Named General Practitioner
MASH	Multi Agency Safeguarding Hub
HSCIC	Health and Social Care Information Centre
FGM	Female Genital Mutilation
DfE	Department for Education
MACSE	Multi-agency Child Sexual Exploitation Meetings
LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
DNLAC	Designated Nurse Looked After Children
NHSE	NHS England
KPI	Key Performance Indicator
NSF	National Service Framework
DBS	Disclosure Barring Service
LA	Local Authority
CQPG	Clinical Quality Performance Group
QSG	Quality Surveillance Group
SI	Serious Incident
DHR	Domestic Homicide review
CDOP	Child Death Overview Panel
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
NICE	National Institute for Clinical Excellence



MEETING OF THE GOVERNING BODY September 2016

Agenda Item: 16/149	Author of the Paper:						
Report date: September 2016	Melanie Wright Planning Lead melanie.wright@southseftonccg.nhs.uk						
Title: Integration and Better Care Fund: Progress Report							
Summary/Key Issues: To update the Governing Body on the progress on integration and the latest Better Care Fund submission.							
Recommendation The Governing Body is asked to receive this report on the development of the Sefton Integration Plan and the Better Care Fund.	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered	X			
Locality Engagement			X	
Presented to other Committees			X	

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Integration and Better Care Fund: Progress Report September 2016

1. Introduction

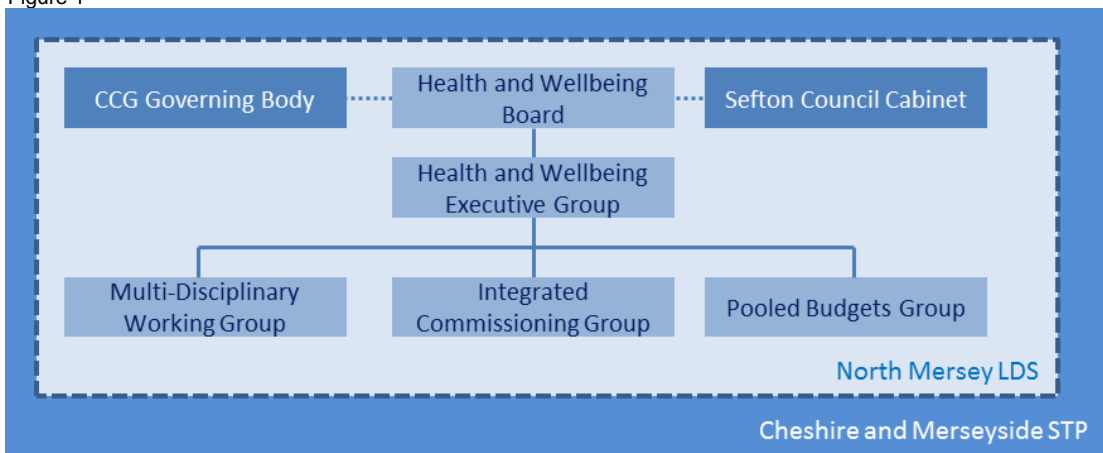
- 1.1. The CCG continues to work closely with Sefton Council to further the integration of health and social care to improve health and wellbeing of local people. All parties have recently signalled the need to move with more pace and a “route map” for integration is being developed by the end of October 2016 to facilitate this.
- 1.2. This paper highlights the new governance arrangements, the agreed integration areas which will form the basis of the plan and an update on the recent Better Care Fund (BCF) submission.

2. Integration Update

2.1. Governance Arrangements

A new governance structure (figure 1 below) was agreed at the Health and Wellbeing Board (HWBB) meeting in March 2016, which confirmed the establishment of a Health and Wellbeing Executive Group (HWEG) and Integrated Commissioning Group (ICG) to oversee and drive the integration agenda in Sefton, together with delivery of the HWBB’s action plan for the year.

Figure 1



By 31 October 2016, the Health & Wellbeing Board will have oversight of a full integration plan for Sefton, which will identify key milestones associated with the delivery of the plan of action in 2016-17.

2.2. Plan of Action for Delivery of Integration

In order to deliver the transformation process necessary for full integration, there are three distinct outcomes and progress is now reported on each of these in turn.

2.2.1. *Integrated commissioning*

A high level review of commissioning structures within health and social care (including Public Health) against delivery of the Health and Wellbeing Strategy will be required, informed by the development of an Integration Strategy and Route Map, which will also inform the sequence of pooling/aligning budgets. The draft strategy is due to be produced by the end of September and will be available for the next Governing Body meeting in November.

2.2.2. *Multi-disciplinary working*

A meeting was held on 6 September to progress multi-disciplinary working, at which it was agreed that a wider forum of key partners would be arranged for October to discuss place based integration, which is seen as complementary to the work required for health and social care integration and the BCF.

The key principles and a model of multi-disciplinary working are being developed working across the localities, to be articulated within the health and social care integration plan and link with the Sefton Vision 2030.

Key work streams were agreed and included:

- Community hubs
- Adults Social Care
- Children and Young People
- Reablement
- Community equipment
- Intermediate care
- Primary care
- Sustainable Transformation Plans and acute reconfiguration
- Public Health.

Potential barriers such as organisational culture and structures and risks in relation to capacity and financial constraints were acknowledged.

However, the opportunity to develop patient flows, community resilience models, preventative approaches and asset models would significantly assist our partnership.

2.2.3. *Aligning/pooling budgets*

A 'pooling budgets plan' will be required to underpin the route map to integration by 2020. The first stage of this will be to formally agree the Section 75 agreement for the year 2016/17, which it is anticipated will be completed by November 2016.

In parallel the Finance Subgroup is working on an approach to support a sequenced pooling and alignment of budgets.

3. **Better Care Fund (BCF) – Key Points of August Submission**

In August 2016 NHS Southport and Formby CCG, NHS South Sefton CCG and Sefton Council submitted its BCF Plan for 2016/18 following an intensive period of joint working which identified five key themes.

3.1. Funding Arrangements

The following table sets out the CCGs' contribution to the Better Care Fund for Sefton in terms of this year's themes.

Theme	£'000
Theme 1: Early Intervention and Prevention: including Carers and Carers Breaks, together with Community Equipment and Disabled Facilities	5,425
Theme 2: Community Services Transformation	7,811
Theme 3: Long term care/Packages of Care and Care Act	8,459
Theme 4: Intermediate Care and Reablement	4,091
Theme 5: Children and Young People: Mental Health Services	890
Total	26,677

This represented a small increase on the level of funding for 2015/16 and how this equated for each CCG is set out below.

£'000	2015/16	2016/17
SSCCG	12,554	13,819
SFCCG	8,869	9,037
Sefton MBC	2,808	4,129
Total	24,231	26,677

4. Progress against BCF

Following the submission of the BCF in August, the quarter 1 template was duly returned on 9 September outlining progress on delivery so far, which can be summarised as follows:

- 4.1. A new section 75 agreement to pool funding is to be in place by 30 November 2016.
- 4.2. Compliance is reported for the majority of National Conditions, except that at the time of submission, formal sign-off of the BCF by the Health and Wellbeing Board had not yet taken place. However, this has now been completed on 14 September 2016. Also, development of 7-day support services in hospital, primary, community and mental health settings, which was returned as 'in progress'.
- 4.3. Parity between planned and actual total expenditure for the quarter was reported.

4.4. Nationally and locally defined metrics

The table below highlights performance against the key metrics.

Metric	Descriptor	Progress	Exception report
Non-Elective Admissions	Reduction in non-elective admissions	On track to meet target	
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	On track for improved performance, but not to meet full target	Sefton Q1 2,351 delayed days, slightly over plan (rate of 1,066.1 against plan of 924.6). England figure is 510,427 delayed days, against an 18+ population of 43,124,007 giving a rate of 1,183.6 Sefton is therefore approximately 10% below the national average.
Local performance metric as described in your approved BCF plan	Dementia diagnosis rates	On track to meet target	
Local defined patient experience metric as described in your approved BCF plan	Using two local survey based measures spanning both settings (1) The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life. (2) An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates).	On track for improved performance, but not to meet full target	(1) Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures, we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally. (2) GP Primary Care surveys are conducted bi-annually with results published in July and January each year. July 2016 results indicate an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. The next results are expected in January 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)	No improvement in performance	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to ameliorate this demand pressure and have seen success in this exercise reducing our actual admissions. Our projection is to hold our rate of admissions steady despite an increasing number of potential clients in our population.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	

4.5. *Additional measures*

Progress was reported in relation to use of NHS number as primary identifier across all care settings, availability of open Application Program Interfaces (API) across care settings and confirmation that a planning of a pilot digital integrated care record was under way (see Appendix 1).

Progress was also reported on development of multi-disciplinary teams and the number of new personal health budgets during the quarter, of which there were none.

5. Recommendation

The Governing Body is asked to receive this report on the development of the Sefton Integration Plan and the Better Care Fund.

Appendices

Appendix A Availability of Open APIs across care settings.

Mel Wright
Planning Lead
September 2016

Appendix A

Availability of Open APIs across care settings

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Mental Health	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

Progress towards installation of Open APIs

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	31/03/17	31/03/17	31/03/17	31/03/17	31/03/17	31/03/18

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22nd June 2016 **Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Initial pressures emerging from elective/ non-elective activity. 	<ul style="list-style-type: none"> Any overspends will lead to the CCG not delivering its agreed control total. 	<ul style="list-style-type: none"> Expansion of QIPP plans, with particular emphasis on implementing a referral management scheme.

Information Points for Southport and Formby CCG Governing Body (for noting)

- CCG financial plans rated as category “3” – not assured due to planned deficit.
- Pregabalin overspends – meeting with meds management, and secondary care doctors required to design primary care training programme.
- Anti-coagulation – training from consultant haematologist / extra PLT to cover both issues.
- Optimise – planned roll-out to practices next week.
- Noted that significant opportunities to deliver QIPP savings.
- ETTF proposals agreed subject to further discussion with Chair.
- ETTF IM&T – to be agreed by RC/MMcD/PS.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 20th July 2016

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Financial pressures emerging in first quarter of year. Likely case scenario projected £8.3m deficit. 	<ul style="list-style-type: none"> Financial target / statutory duty not delivered. 	<ul style="list-style-type: none"> Continued focus on reducing expenditure. Finding additional QIPP schemes.

Information Points for Southport and Formby CCG Governing Body (for noting)

- The Committee was not quorate. Dr Hilal Mulla unable to attend due to pressures at surgery. Dr Emily Ball has picked up Martin Evans' role. Emily, however, was on planned leave for this meeting.
- HR policies approved pending final changes to the Travel & Expenses policy:
 - Section 2. Scope: Clarity sought that 'all staff employed by the CCG' includes Governing Body members. If it does, then this is to be specified in the policy.
 - Section 8.4. Staff Day Subsistence: Committee members in attendance agreed to have this section taken out.
- The Committee approved the approach taken to prescribing budgets.
- Martin McDowell to confirm status of action plan in relation to Workforce Equality & Diversity and Workforce Race Equality Standard (WRES).
- BCF discussions ongoing with intention to submit plan on 22nd July.

Key Issues Report to Governing Body

Joint Internal Quality Committee Meeting held on 20th April 2016

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
No Key Issues reported.		

Information Points for both S&FCCG and SSCCG Governing Body (for noting)

- Joint meeting of both Quality Committees
First joint meeting of both Quality Committees (internal meeting)
- EPaCCS
Update received regarding the implementation of EPaCCS across both CCGs and RAG status of self-assessment
- NHSE CCG Safeguarding Assurance Exception Report
Exception report received. The Quality Committee noted that further progress can be evidenced against current Amber Rating to Green Rating before meeting on 28th April 2016.
- Whistleblowing Policy
Updated policy reviewed. Unable to approve due to some additional queries raised by the Committee. To be discussed with TJ.
- GBAF/CRR
GBAF/CRR received by Quality Committee and recommended for presentation to the Governing Bodies.
- Terms of Reference
TOR received. Query to be addressed re: emergency Planning with Debbie Fairclough.
- EPEG Key Issues/Locality Update
Identification of issues to go through Contract forum and issues to be taken into Committee Meeting with LCH and S&O.

Key Issues Report to Governing Body

Quality Committee Meeting held on 18 th May 2016	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)

<p>Goddard Inquiry – the Committee received an update from the CCG Safeguarding Service which included assurance from local providers</p>
<p>NHSE CCG Safeguarding Assurance – positive feedback received from NHSE. Action plan to be developed re: elements that were AMBER RAG rated</p>
<p>CQUINs – update received on status of CQUINs for 2016/17</p>
<p>S&O Stroke Performance – concerns remain re: stroke performance. Quality Walkaround scheduled. Updated remedial action plan from the Trust to be requested via the Contract route</p>
<p>S&O A&E Performance – concerns remain re: A&E performance. Upturn seen in April 2016 but this hasn't been maintained. New escalation process in place within the Trust. A&E was discussed at the Quality Risk Summit chaired by NHSE North with an Executive Leadership Improvement Meeting being established with the first meeting having a focus on A&E / Urgent Care.</p>
<p>Provider Quality Accounts – the provider draft Quality Accounts have been received from providers. These were presented at a full day event this year co-ordinated by KCCG</p>
<p>Liverpool Community Health NHS Trust Capsticks Report – the Committee were made aware that this had been published and the actions being taken to address the recommendations (updates to the contract meeting)</p>

Key Issues Report to Governing Body

SFCCG Quality Committee Meeting held on 20th July 2016	Chair: Dr Rob Caudwell
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Key Issue	Risk Identified	Mitigating Actions
S&O Stroke Performance	Impact on positive outcomes for patients who live within the CCG area	Chief Officer to raise CCG concerns at the next S&O Executive Improvement Board which has been set up as a result of the Quality Risk Summit)

Information Points for Southport & Formby CCG Governing Body (for noting)
Whistleblowing Policy – Amended policy expected from HR at the end of July 2016 / beginning of August 2016 and will then be presented for approval
S&O Commissioner Quality Walkarounds – Recent walkarounds to A&E, Spinal Injuries Unit and Stroke Unit reported to the committee. CCG Lay Member for PPI accompanied the Quality Team on the visit to the Stroke Unit
CCG Safeguarding Annual report – Expected for presentation to the Quality Committee and Governing Body in September 2016. Looked After Children Annual Report discussed – CCG Safeguarding Service reported a possible delay as the information first needs to be presented internally within LCH governance processes
LCH Capsticks Report – Further update provided following on from an Adjournment Debate at the House of Commons. Paper to be presented to the Governing Body in July 2016.

Key Issues Report to Governing Body

SF NHSE Joint Commissioning Committee, Wednesday 10th August, 2016

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> GPFV (GP Forward View) 	<ul style="list-style-type: none"> Money has been released but as yet no timetables/details as to length of programmes. It was noted that not all estate is fit for purpose. 	<ul style="list-style-type: none"> In regular discussions with NHSE to ascertain this detail at the earliest opportunity in order to be in a position to act on this. It has also been noted that schemes regarding estates need to be borne in mind as not all estate fit for purpose.
<ul style="list-style-type: none"> Joint Commissioning Committee 	<ul style="list-style-type: none"> Operational matters have been dominating the agenda 	<ul style="list-style-type: none"> Joint Operational Group (SF, SS, NHSE) has now been set up to discuss operational matters and feed back to each respective Joint Commissioning Committee
<ul style="list-style-type: none"> NHS Standard Contracts 	<ul style="list-style-type: none"> It was noted that there are 3 practices who require updated contracts due to partnership changes 	<ul style="list-style-type: none"> This matter is in hand with the contracting team.

Information Points for Southport and Formby CCG Governing Body (for noting)

- Single Joint Operational Group now set up – members being both CCG’s, and NHSE. Will meet monthly and feed into each respective CCG’s Joint Commissioning Committee.
- Joint Commissioning Committees will now meet bi-monthly
- APMS procurements- discussions are in place regarding the APMS procurement options

Key Issues Report to Governing Body

Audit Committee Meeting held on Thursday 14th July 2016

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
Register of Interests to be taken to the Governing Body meeting in July and to the Audit Committee meeting in October.	GB not appraised of Conflicts of Interest.	To circulate in October.

Information Points for Southport and Formby CCG Governing Body (for noting)

- Internal Audit progress report received – significant assurance on “Risk management arrangements”.
- Anti-Fraud Services report received on Conflicts of Interest:
 - No fraudulent activity identified in sample selected.
 - Small number of recommendations reviewed which officers are working through.
- Auditor presented Annual Audit letter 2015/16 which completes the external audit for the 2015/16 Financial Year.
- Managing Conflicts of Interest and Gifts and Hospitality Policy approved subject to minor amendments.
- Chair of Audit Committee and the Chief Finance Officer have been given delegated authority to approve the “Anti-Fraud, Bribery and Corruption Policy”, following review/comments from committee members.

Key Issues Report

Southport & Formby Localities



**Southport and Formby
Clinical Commissioning Group**

July – September 2016

Due to changes to frequency of locality meetings & Respiratory Training monthly meetings have not always taken place during this time period; therefore discussions during meetings recorded in Key Issues.

AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Electronic letters duplication (April and July)	<ul style="list-style-type: none"> Ongoing concern for increased workload for GPs – constant duplication of letters received from the Trust, having to re-check information. 	<ul style="list-style-type: none"> JL is following this up with the Trust. Still an ongoing concern.
2. Care Homes (May and July)	<ul style="list-style-type: none"> Concerns raised about how Care Home patients can be divided up amongst the practices. Also concerns about practices who have high number of elderly/housebound patients who would not fall under this. 	<ul style="list-style-type: none"> Over 75's population figures to be included to factor into discussions around Care Homes.
3. LQC – current & next year's (August)	<ul style="list-style-type: none"> GPs would like to make contribution to the new LQC with direction from the CCG. GPs expressed concerns regarding any changes that may be made to the LQC if the financial situation of the CCG does not improve. 	<ul style="list-style-type: none"> Angela Parkinson to attend the next locality meeting to discuss this further.
4. Future of locality meetings (August)	<ul style="list-style-type: none"> The Group expressed dissatisfaction with the CCG's decision to reduce locality meetings to bi-monthly. 	<ul style="list-style-type: none"> Fed back to CCG.

Key Issues Report Southport & Formby Localities



**Southport and Formby
Clinical Commissioning Group**

July – September 2016

CENTRAL LOCALITY

Key Issues	Risks Identified	Mitigating Actions
1. Transgender Prescribing (June & July)	<ul style="list-style-type: none"> Concerns over responsibility for prescribing. 	<ul style="list-style-type: none"> JL advised that National Guidance states GPs should prescribe however local LMC does not agree; clinical judgement should be used.
2. Prescribing for dressings (June & July)	<ul style="list-style-type: none"> Concerns over lack of prescribers within both Leg Ulcer and Tissue Viability nursing teams. 	<ul style="list-style-type: none"> JL has updated the Group that this has been highlighted as a Governance Issue and the CCG hope to pass this budget back to the ICO. Unfortunately due to the current procurement of Community Services there is likely to be a lull before this is resolved.
3. Care Home Allocation (July)	<ul style="list-style-type: none"> Discussions took place around problems with allocating patients. 	<ul style="list-style-type: none"> Over 75's population figures to be included to factor into discussions around Care Homes.

Key Issues Report Southport & Formby Localities

July – September 2016



**Southport and Formby
Clinical Commissioning Group**

FORMBY LOCALITY

Key Issues	Risks Identified	Mitigating Actions
1. Care Homes (July)	<ul style="list-style-type: none"> Residents requesting home visits without the home's knowledge. 	<ul style="list-style-type: none"> Homes now informing patients that requests have to go through Home staff to assess appropriateness of request.
2. Inappropriate work being passed on from secondary care.	<ul style="list-style-type: none"> Workload in primary care. Some GPs feel a) it's in patient's best interest that secondary care do the work and b) often it will take longer to write back to secondary care than do the work. However GPs recognise if they continue to do this work nothing will change. 	<ul style="list-style-type: none"> GPs urged to send back inappropriate requests to secondary care.
3. In-hospital vision	<ul style="list-style-type: none"> Concerns expressed that if primary care are not involved in the redesign of hospital services they may end up with a model that they do not want. 	<ul style="list-style-type: none"> GPs urged to get involved in this process to reduce the likelihood of this happening.
4. LQC Data Review Audits	<ul style="list-style-type: none"> Clarity requested about expectations for each audit. 	<ul style="list-style-type: none"> Group agreed specific audits and way forward over next meetings.

Key Issues Report Southport & Formby Localities



*Southport and Formby
Clinical Commissioning Group*

July – September 2016

North locality did not have meetings in July (respiratory training) or August (meeting cancelled).

NORTH LOCALITY

Key Issues	Risks Identified	Mitigating Actions
1. Referral management system	<ul style="list-style-type: none"> Need for clarification of criteria for certain specialties – general surgery. Need for 'frequently asked questions' 	<ul style="list-style-type: none"> KS highlighted need for clinician to attend the training. PR highlighted that information from referrals that are rejected will feed into learning needs.
2. Format of Locality meetings	<ul style="list-style-type: none"> Concerns expressed that GPs who are not involved in the CCG are not aware of issues CCG is facing nor understanding reasons why. 	<ul style="list-style-type: none"> Information around this to be on the agenda at future locality meetings. More discussion to take place at meetings to find ways of informing those that do not attend.
3. LQC Data Audits	<ul style="list-style-type: none"> Concerns about deadlines for audits. 	<ul style="list-style-type: none"> Audits agreed and schedule planned for peer reviews over coming months.

Finance and Resource Committee Minutes

Wednesday 22nd June 2016, 9.30am to 11.30am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Hilal Mulla	GP Governing Body Member	HM
Martin McDowell	Chief Finance Officer	MMcD
Colette Riley	Practice Manager	CR
David Smith	Deputy Chief Finance Officer	DS
Susanne Lynch	CCG Lead for Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse / Head of Quality & Safety	BP
Lynsey Lott	Student Placement with Quality Team	LL
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓					
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	A	✓					
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓	✓	✓					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓					
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	A					
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	A					
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	A	A					
Fiona Taylor	Chief Officer	*	*	*	*	*					
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓					
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓					
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N					
Gill Brown	Lay Member				A	✓					

No	Item	Action
FR16/64	<p>Apologies for Absence</p> <p>Apologies for absence were received from Fiona Taylor, Tracy Jeffes, Jan Leonard and Debbie Fagan.</p>	
FR16/65	<p>Declarations of interest regarding agenda items</p> <p>CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflict of interest. HM and CR declared a potential conflict of interest with regard to agenda item FR16/71 ETTF.</p>	
FR16/66	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR16/67	<p>Action points from the previous meeting</p> <p><i>FR16/54 (FR16/39) Prescribing Performance Report – re Optimise system, SL to liaise with company involved and review contracts with a view to rolling the system out across the CCG as soon as possible, and bring update to June meeting – SL confirmed the Optimise system will be going live across the whole of the CCG on Tuesday 28th June.</i></p> <p><i>FR16/40 SPEG – MMcD to provide update in June re Primary Care Transformation Fund bids; TJ to confirm date for visit to EPEG re estates strategy – see agenda item FR16/71; MMcD and TJ still to arrange visit to EPEG.</i></p>	MMcD/ TJ
FR16/68	<p>Month 2 Finance Report</p> <p>DS presented this paper which provided the Committee with an overview of the year-end financial position for the CCG as at 31st May 2016.</p> <p>The Committee noted prescribing was a particular pressure in month 2. DS referred to S&O and the emerging pressures in non-elective which required further review before formal response issued to S&O. HN asked if MW's work is dealing with the CCG's secondary care providers and MMcD confirmed the CCG will be writing to all providers. He also confirmed that MW's work is linked into the referral management scheme, and a recommendation to the QIPP Committee is scheduled for July. He is to speak with Karl McCluskey's team and Jan Leonard to ensure this work is progressed.</p> <p>Action by the Committee</p> <p>The Committee noted this report.</p>	
FR16/69	<p>Financial Plan Assessment</p> <p>MMcD presented this letter from NHSE which provided feedback following submission of the 2016/17 Financial Plan Assessment. The Committee noted that the CCG had been assessed as level 3 primarily due to the submission of a planned deficit.</p> <p>Action by the Committee</p> <p>The Committee received this letter noting the content therein.</p>	

No	Item	Action
FR16/70	<p>Prescribing Performance Report</p> <p>(a) Month 12 Prescribing Report SL presented this paper to the Committee which provided an update on prescribing spend for month 12. An overspend of £0.443m was reported on a budget of £21.228m. SL informed the Committee that the CCG had signed up for rebate schemes to the value of £86k. The Committee noted that pregabalin continues to place pressure on the budget, however SL said monitoring is now more robust and she is to meet with Dr Barker, at which time she will discuss options for training sessions around pain management.</p> <p>(b) Quarter 4 Prescribing Performance Report SL presented this paper which compared activity of the 4th quarter 2015/16 against the 4th quarter 2014/15, and noted this was the first time the CCG had seen an overall decrease in spending in the selected areas.</p> <p>Action by the Committee The Committee noted these reports.</p>	
FR16/71	<p>Estates and Technology Transformation Fund (ETTF)</p> <p>(a) Estates MMcD informed the Committee that as part of the CCG strategic estates plan, CCG officers have been developing bids for the last few months with key stakeholders including GPs, SMBC and estate advisor organisations, ie Community Health Partnerships, Liverpool Sefton Health Partnerships and NHS England. The CCG has developed the following four bids, to be prioritised and submitted to NHS England by the end of June 2016.</p> <p>New Build Schemes:</p> <ul style="list-style-type: none"> • Developing a new Health & Well-being Neighbourhood Centre in Formby. • North Southport Locality - a new frail elderly, specialist, primary & intermediate care service, which includes either new build or significant refurbishment of the Chase Heys Resource Centre. <p>Smaller Schemes:</p> <ul style="list-style-type: none"> • Ainsdale Village Surgery - Extension of Existing Facility - increasing the capacity for consulting room and training facilities to the first floor, and provide improved access for patients. • The Village Surgery in Formby - Extension of Existing Facility - increasing the capacity for consulting room and training facilities to the first floor, and provide improved access for patients. <p>HN suggested these proposals be taken to the Governing Body Development Session next week for further discussion. The Chair gave each Committee member an opportunity to express their opinion on the bids. It was agreed that the proposals will go to SLT, and HN is to contact Rob Caudwell (RC) following today's meeting to discuss this and see how he would like to proceed with this from a board perspective.</p>	

No	Item	Action
	<p>(b) Information Technology</p> <p>MMcD informed the Committee that the CCG has recently received guidance on the Estates and Technology Transformation Fund (ETTF). The purpose of this fund is to help GP practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends, to meet locally determined demand. He said the CCG is looking for a localised solution and proposed highlighting video conferencing and telehealth, digitalisation of medical records and "Express Access" device rollout. Regarding network coverage and M3 availability/capacity, MMcD is to ask Paul Shillcock, Informatics Merseyside to do further work on this.</p> <p>The Committee gave approval for submission of the proposed bids, noting that the CCG has yet to prioritise these bids and will undertake this exercise prior to submission to the portal.</p> <p>Action by the Committee</p> <p>The Committee received the Estates bids. In respect of Information Technology delegated approval was given to MMcD, RC and Paul Shillcock to submit the bids.</p>	MMcD
FR16/72	<p>QIPP Update</p> <p>MMcD informed the Committee that as part of the QIPP plans there was a significant amount of work around outpatients, and he recommended a clinical lead supported by a project team should be assigned to this work.</p> <p>MMcD noted that the CCG will review Section 64 grants to determine appropriateness of payment. MMcD, DF and Debbie Fairclough will meet to discuss this further.</p> <p>Action by the Committee</p> <p>The Committee noted this update, and gave delegated approval to MMcD and RC to move forward in assigning an individual to do work around outpatients.</p>	
FR16/73	<p>Better Care Fund Update</p> <p>DS informed the Committee that he and the Chief Officer attended a formal arbitration panel on 7th June. The CCG is currently waiting for the panel to report its findings before the next steps are taken.</p> <p>Action by the Committee</p> <p>The Committee noted this update.</p>	
FR16/74	<p>Any Other Business</p> <p>MMcD informed the Committee that the digital roadmap is due for inclusion in STP, and he asked for delegated approval to be given to both himself and RC to report back agreement to the iLinks board. MMcD noted that he would present key issues to the GB development session on 29th June.</p> <p>Action by the Committee</p> <p>The Committee noted this update and gave delegated approval to MMcD and RC as requested.</p>	
FR16/75	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 20th July 2016, 9.30am to 11.30am, Family Life Centre, Southport</p>	

Quality Committee - External Minutes

Date: Wednesday 20th April 2016, 11.30 am – 1.30 pm

Venue: Family Life Centre, Ash Street, Southport

S&F Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Gill Brown	Lay Member for Patient & Public Involvement	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Helen Nichols	Lay Member for Governance & Audit	HN

SS Membership

Dr Gina Halstead	Chair & GP Governing Body Member	GH
Steve Astles	Head of CCG Development	SA
Graham Bayliss	Lay Member for Patient & Public Involvement	GB
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM

Ex Officio Member of both CCGs

Fiona Taylor	Chief Officer	FLT
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In attendance

Karen Garside	Designated Nurse Safeguarding Children	KG
Danielle Love	Programme Lead – Community Services Procurement	DL
Paul Shillcock	Primary Care Informatics Manager	PS
Helen Smith	Head of Safeguarding Adults	HS

Apologies

Graham Bayliss	Lay Member for Patient & Public Involvement
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation
Martin McDowell	Chief Finance Officer
Dr Dan McDowell	Secondary Care Doctor

Minutes

Vicky Taylor	Quality Team Business Support Officer	VT
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Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√											
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√											
Gill Brown	Lay Member for Patient & Public Involvement	√											
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√											
Billie Dodd	Head of CCG Development	√											
Debbie Fagan	Chief Nurse & Quality Officer	√											
Martin McDowell	Chief Finance Officer	A											
Helen Nichols	Governing Body & Lay Member for Governance & Audit	√											

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Gina Halstead	Chair and Clinical Lead for Quality	√											
Steve Astles	Head of CCG Development	√											
Graham Bayliss	Lay Member for Patient & Public Involvement	A											
Dr Peter Chamberlain	Clinical lead Strategy & Innovation	A											
Debbie Fagan	Chief Nurse & Quality Officer	√											
Dr Dan McDowell	Secondary Care Doctor	A											
Martin McDowell	Chief Finance Officer	A											
Dr Andrew Mimmagh	Clinical Governing Body Member	√											

- √ Present
- A Apologies
- L Late or left early

APPROVED

No.	Item	Action
16/048	<p>Apologies for Absence</p> <p>Apologies for absence were received from GB, Dr PC, Dr DMcD and MMcD. The first Joint Internal Quality Committee was chaired by Dr Rob Caudwell who welcomed everyone to the meeting.</p>	
16/049	<p>Declarations of interest regarding Agenda items</p> <p>CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
16/050	<p>Minutes of the previous meeting</p> <p>Minutes of S&FCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p> <p>Minutes of SSCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p>	
16/051	<p>Matters Arising</p> <p>There were no matters arising.</p>	
16/052	<p>EPaCCS Update</p> <p>Paul Shillcock presented the report to the S&F CCG Quality Committee and the SS CCG Quality Committee on the latest developments with the programme and key actions being taken for outstanding matters.</p> <p>The Committees were advised that good progress is being made, particularly around the collection of baseline audit data and engagement with Primary Care. A Task & Finish Group has been established, which will progress jointly with Liverpool CCG and include HSCIC's North West lead for EPaCCS in order to provide additional assurance.</p> <p>PS advised that significant movement in RAG indicators was expected over next two months with closer working due to commence in the Southport area and a scoping exercise to be completed on Palliative Care MDT.</p> <p>ACTION: PS will ask Moira McGuinness for assurances that EPaCCS would address the issue of information being available to GP Out-of-Hours when sent late on a Friday afternoon/evening and advise Dr AM of outcome.</p> <p>PS considered South Sefton CCG area and Southport & Formby CCG area were slightly ahead in comparison with some areas in relation to the sharing of data.</p> <p>FLT confirmed she had been kept fully informed of progress with the EPaCCS project and was pleased to see the report coming to Quality Committees to present progress made.</p> <p>DF noted the progress but questioned the absence of timeframes for delivery and asked for timeframes to be included when the next update report is presented to the Quality Committees.</p> <p>ACTION: PS to ensure timeframes for delivery are included in future reports to Quality Committees.</p>	<p>PS</p> <p>PS</p>
	<p>The Committee noted and approved the report</p>	
16/053	<p>NHSE CCG Safeguarding Assurance Exception Report</p> <p>HS presented this report to the Committees advising that the CCG Safeguarding Service and Chief Nurse had reviewed NHS England's Assurance Tool and Key Lines of Enquiry (KLOE) with evidence collated to demonstrate compliance against each KLOE and had identified means of strengthening and developing</p>	

<p>areas where full compliance could not be evidenced. HS was confident that no 'red' areas were contained within the report. A meeting was due to take place on the 28th April 2016 to present the evidence to NHSE with a subsequent action plan to be brought back to Quality Committees.</p> <p>The Committee discussed the NHS England Safeguarding Assurance Tool on page 29 of the pack, where an amber rating of risk had been recorded with the following comments noted.</p> <p>2.1 – Amber rating recorded as a result of the absence of dedicated posts for Looked After Children (LAC) within the CCG.</p> <p>DF explained that the CCGs had invested in a dedicated post of Designated Nurse for LAC in 2015 sitting within the Safeguarding Hosted Service and capacity will be reviewed via the CCG Network Safeguarding Meeting Chaired by FLT. One of the CCGs has withdrawn from the Safeguarding Hosted Service arrangement as of 1st June 2016 so this will provide a natural opportunity to review capacity. With regard to capacity for the Designated Doctor for Safeguarding Children, the CCGs are working closely with LCCG who are leading on this review. Currently, there is sufficient capacity in the commissioned service for the Designated Doctor for LAC but this is something kept continually under review as the number of LAC can alter. The CCGs have recently confirmed with AHCH that they are able to cover the required number of clinic slots for the LAC health assessments as appropriate.</p> <p>3.3 Special Educational Needs and Disabilities (SEND) – HS advised that a paper was due to come to Governing Body in May 2016 detailing DF's additional responsibilities in this area and confirmed that the risk to the CCGs was noted on the Risk Register(s) with systems and processes in place to support continuous improvement. Dr AM questioned whether there was sufficient Educational Psychology capacity to support the SEND process regarding Educational Health Care Plans / assessments</p> <p>ACTION: DF to liaise with Peter Wong to look at this cohort of children from 2015/16 and report back to Dr AM regarding all children's needs being identified and supported outside of this meeting.</p> <p>6.1 – An LSCB course is available on Safe Recruitment to support the CCGs Safer Recruitment practice.</p> <p>FLT considered that whilst the current HR recruitment process was sufficient, should direct patient contact become part of an individual's job role, this would require further checks to be undertaken in relation to the level of safeguarding training to be undertaken. E.g. when recruiting medicines management staff.</p> <p>ACTION: Add check to HR system on clarifying who has interface within their role with patients and ensure the level of Safeguarding training reflects the function undertaken in-line with national guidance and should also inform the type of background checks in-line with safer recruitment.</p> <p>7.1 – HS stated that all information would undergo final sense checking before submission as further information had been obtained following the meeting with the Chief Nurse.</p> <p>DF challenged the AMBER rating for 7.1 which related to supervision for the Safeguarding Service. DF stated that the Governing Bodies had approved Closedown of the CCG Safeguarding Peer Review Action Plan in March 2016 following assurances at the CCG Network Safeguarding Meeting that both psychological support and individual professional supervision had been commissioned and was in place.</p>	<p>DF</p> <p>DF</p>
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	<p>ACTION: HS to update the assurance information as appropriate. DF also made reference to the previous MIAA report that contained a recommendation re: safeguarding policies and that this had been actioned internally by the Corporate Governance Team.</p> <p>ACTION: HS to follow this up and update assurance information as appropriate.</p> <p>AM asked if it could be confirmed what support GP practices could access from NHSE following on from a CQC inspection as this had been recently publicised.</p> <p>ACTION: FLT asked DF to establish what support GP practices could access from NHSE following on from a CQC inspection with the local NHSE team and feedback the outcome.</p>	<p>HS</p> <p>HS</p> <p>DF</p>
	<p>The Committee noted and received the report</p>	
16/054	<p>South Sefton CCG and Southport & Formby CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work)</p> <p>JH presented this report, explaining that it had originally been presented to both Committees late last year with a further review undertaken following issues raised at SS CCG Quality Committee. Recommended changes had now been carried out and the policy was presented to Quality Committees for approval.</p> <p>GB challenged whether or not this policy would enable staff to whistle blow and provided some feedback on some inconsistencies and spellings that needed amending.</p> <p>FLT considered the policy should be an enabler and not a disabler. DC referred to the use of an 'external investigation' which would take away anonymity.</p> <p>In its current format, the Committees felt unable to approve the Policy which needed to be written in a way which would encourage people to speak up.</p> <p>ACTION: JH to liaise with Tracy Jeffes to advise of Committees views on the Whistle Blowing Policy with input to be obtained from GB to inform changes and brought back to the Quality Committees in July 2016.</p> <p>In the meantime, the Committees accepted that both CCGs had Whistle Blowing policy in place with steps to be taken to bring about further improvements.</p>	<p>JH</p>
	<p>The Committee noted the report but were unable to approve the policy in its present format</p>	
16/055	<p>Review of South Sefton CCG's & Southport and Formby CCG's Equality Delivery Systems 2 (EDS2) toolkit grades</p> <p>DF presented this report to the Committees following a request that the Equality Delivery Systems 2 (EDS2) toolkit be reviewed by SS CCG and S&F CCG Quality Committees.</p> <p>However FLT considered it would be more appropriate for the EDS2 toolkit to be taken to SLT for discussion and then presented to both CCGs individually to enable the views and response from each Committee to be obtained.</p>	
	<p>The Committee noted the report and recommendation that it be taken to SLTT for discussion and represented to each Quality Committee individually at a later date</p>	
16/056	<p>Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR)</p> <p>The GBAF and CRR reports as at March 2016 were presented to the Quality Committees individually for appropriate review and scrutiny.</p> <p><u>S&F CCG</u></p>	

	<p><u>CRR</u> The S&F CCG Quality Committee noted that no new risks had been added to the CRR since the last update with the following comments and observations noted on existing risks.</p> <p>BUO001 - The Committee noted that it was hoped that a reduction would be seen by the next reporting period. FLT challenged the rating as she considered some of the risk had been mitigated and should be reflected in the register at the end of the current financial year, notwithstanding any impact arising from the upcoming Junior Doctors strike.</p> <p>BUO118 - HN believed the financial risk rating needed to be reviewed and considered there was some imbalance in how risks were scored. Whilst it was noted that a strategy was in place, there was no money available to fund it.</p> <p>QUA024 – The Committee questioned whether this risk related to both S&O Hospital Trust and Aintree University Hospital FT or whether there should be two separate risks recorded on the register. ACTION: DL to liaise with TJ to determine whether QUA024 relates to S&O Hospital Trust and Aintree University Hospital FT or whether an additional separate risk needs to be recorded on the register for S&O Hospital Trust.</p> <p><u>SS CCG</u> The SS CCG Quality Committee noted that no new risks had been added to the CRR since the last update with the following comments and observations noted on existing risks.</p> <p>ACTION: QUA021 – The SS CCG Quality Committee recommended to the SS Governing Body that this risk be closed off. QUA024 – Increased from Risk Rating on today’s report of 1 x 3 should read 4 x 3 prior to amendment to 4 x 4.</p>	<p>DL</p> <p>DL</p>
	<p>The Committee received the report with recommendations to Governing Body noted</p>	
<p>16/057</p>	<p>Chief Nurse Report DF presented this report.</p> <p><u>Nurse revalidation</u> Nurse revalidation is in place nationally and would impact on both Practice Nurses and Registered Nurses working within the CCGs. DF confirmed she was signing off a revalidation on a member of the Quality Team next week.</p> <p><u>Article for Publication – Student Placements in the CCGs</u> Following publication of the above article in the Nursing Times, interest has been expressed in the CCGs work being used to inform a national programme</p> <p><u>Care Quality Commission (CQC)</u> The CQC were on site at S&OHT last week with no feedback received to date.</p> <p><u>Care Home Closures (SFCCG) and (SSCCG)</u> Details of care home closures within the areas of both CCGs including issues informed to the CCG within the past 24 hours were shared with members of both Quality Committees.</p>	

	<p>RC confirmed that issues with Labs had been raised at S&O Collaborative Commissioning Forum for discussion at the Contract Meeting.</p> <p>Podiatry (South Sefton) – Issues still ongoing with LCH staff now raising their concerns about the service with Healthwatch. SA confirmed that issues had been escalated with LCH on individual patients and a meeting is due to take place with the Acting EO.</p> <p>Patient Experience (S&OHT) – Concerns expressed about the effectiveness of this group with poor engagement made with the group by the Trust. JH said that S&OHT were due to present their Patient and Engagement strategy to EPEG in June 2016 and AUHT in May 2016.</p>	
	The Committee received the verbal update	
16/061	<p>Locality Update</p> <p>The following items were discussed:</p> <ul style="list-style-type: none"> • RC spoke of issues with Go to Doc when service not available - however figures reported suggest targets are being met. • Martin Wakeley joining the organisation supporting QIPP work • Unplanned Care • MSK telephone triage • Lack of community matrons in spite of numbers contracted. This has now been raised at last two contract meetings with LCH. However the Lead was not present and it has been deferred for follow up outside the meeting. Concerns of impact on patient care were raised. 	
16/062	<p>GP Quality Lead Report</p> <p>Shared Pathways looked at due to trends identified in STEIS reporting. Upper GI bleeds and lower GI bleeds were the main focus with challenges made on some current practises.</p>	
16/063	<p>Key Issues Log</p> <ol style="list-style-type: none"> 1. First Joint Internal Meeting of S&F CCG and SS CCG Quality Committees 2. EPaCCs 3. NHSE CCG Safeguarding Assurance Exception Report 4. Whistleblowing Policy 5. GBAF & CRR for S&FCCG and GBAF & CRR for SSCCG 6. Terms of Reference for S&FCCG QC and SS CCG QC 7. EPEG Key issues/Locality Update 	
16/064	<p>Any Other Business</p> <ol style="list-style-type: none"> 1. CHC Programme Board – DF advised that the IPA Programme Board had now met on three occasions. However the CCG CSU CHC Steering Group would continue to meet. HN is chairing both meetings. 2. FLT Congratulated James Hester who is joining NHSE on a 6 months secondment 	
16/065	<p>Date of Next Meeting</p> <p>Southport & Formby QC Wednesday 18th May 2016 11.30 am – 1.30 pm Family Life Centre, Ash Street, Southport</p> <p>South Sefton QC Thursday 19th May 2016 3.00 pm – 5.00 pm Board Room, Merton House, Bootle</p>	

Chair : _____ **ROB CAUDWELL** Signature:

Date : 18.5.16

Southport and Formby Clinical Commissioning Group

Quality Committee - External Minutes

Date: Wednesday 18th May 2016, 11.30 am – 1.30 pm
Venue: Family Life Centre, Ash Street, Southport

S&F Membership		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Gill Brown	Lay Member for Patient & Public Involvement	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Helen Nichols	Lay Member for Governance & Audit	HN
Angela Parkinson	Primary Care Commissioning Manager	AP
Ex Officio Member		
Fiona Taylor	Chief Officer	FLT
In attendance		
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
James Hester	Programme Manager – Quality	JH
Terry Hill	Locality Manager	TH
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager	JS
Helen Smith	Head of Safeguarding Adults	HS
Hayley McCulloch	Designated Nurse - Children	HMcc
Apologies		
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Gill Brown	Lay Member for Patient & Public Involvement	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Martin McDowell	Chief Finance Officer	MMcD
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Minutes		
Vicky Taylor	Quality Team Business Support Officer	VT

Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	✓	✓										
Paul Ashby	Practice Manager, Ainsdale Medical Centre	✓	A										
Gill Brown	Lay Member for Patient & Public Involvement	✓	A										
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	A										
Billie Dodd	Head of CCG Development	✓	✓										
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓										
Martin McDowell	Chief Finance Officer	A	A										
Helen Nichols	Governing Body & Lay Member for Governance & Audit	✓	✓										

- ✓ Present
- A Apologies
- L Late or left early

No.	Item	Action
16/065	<p>Apologies for Absence</p> <p>Apologies for absence were received from PA, GB, Dr DC, MMcD who was required to attend a meeting with FLT, Chief Officer of S&F CCG at NHSE to discuss the PWC report. Apologies were also received from BP.</p> <p>The Chair welcomed representatives from Price Waterhouse Cooper who were in attendance observing the meeting.</p>	
16/066	<p>Declarations of interest regarding Agenda items</p> <p>CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.</p> <p>JH advised the Committee of his recent commencement of a six month secondment with NHSE.</p>	
16/067	<p>Minutes of the previous meeting</p> <p>Minutes of S&FCCG Quality Committee were accepted as an accurate reflection of the previous meeting.</p>	
16/068	<p>Matters Arising & Action Tracker</p> <p>There were no matters arising.</p> <p>15/071 Tool Kit to Support NHS Commissioners to reduce poor experience of Patient Care</p> <p>JH established with the national team that the tool kit is expected to be approved in June 2016 and should therefore be available for use from July 2016.</p> <p>Outcome: The Committee requested a further update in July 2016.</p> <p>16/021(i) CCG Safeguarding Service Update - <u>CCG Quality Assurance Template and Process</u></p> <p>A briefing paper was presented at the April 2016 meeting with details of the submission. This is now complete. A further update will be submitted to the July 2016 meeting.</p> <p>Outcome: Action completed – remove from the tracker.</p> <p>16/021(ii) CCG Safeguarding Service Update - <u>Section 11 Action Plan Update</u></p> <p>Conversations with AP to support raising awareness of the Safeguarding Service and resources across all localities have now taken place.</p> <p>Outcome: Action completed – remove from the tracker.</p> <p>16/024 Governing Body Assurance Framework and Corporate Risk Register</p> <p>DF has now spoken to TJ regards the ‘extreme risk’ ratings with the outcome to be reflected when the GBAF and CRR are next presented to the Committee.</p> <p>Outcome: Action completed – remove from the tracker.</p> <p>16/031 Any Other Business - <u>NWAS</u></p> <p>JH confirmed he had spoken with NWAS lead Commissioners and had been advised the incident had been reported and recorded. The incident will be monitored at SFCCG Serious Incident meetings. DF confirmed her awareness that the Trust had implemented an escalation process in AED which should also help to support the mitigation of similar risks in future.</p> <p>Outcome: Action completed – remove from the tracker.</p> <p>16/037 CCG Safeguarding Assurance Update – Mersey Care – this has been highlighted in all three quarters. The Chief Nurse has discussed this issue with the</p>	

DoN for Mersey Care and there has been verbal assurance that the provision of information to support the KPI regarding MCA/DoLS has been rectified. This should be apparent in Q4 feedback.

Outcome: Action completed – remove from the tracker.

16/042 Serious Incident Report

Dr DC and DF had attended the CCG SI meeting with an update provided to the Committee. Improvements in reporting have been seen as evidenced in the SI report on today's agenda.

Outcome: Action completed – remove from the tracker.

16/044(i) GP Quality Lead Update – Lab Issues

The Committee were advised that lab issues had now been added to the work programme with the Interim Chief Operating Officer of S&O to provide an update for the next meeting.

Outcome: The Committee are to receive a further update in July 2016.

16/044(ii) GP Quality Lead Update - Audiology

DF confirmed she had now spoken to JL re audiology services.

Outcome: Action completed – remove from the tracker.

16/044(iii) GP Quality Lead Update – CQUIN 16/17

JS confirmed that A&E Discharge information had now been proposed as a CQUIN with a clinically led validation group to be set up.

Outcome: Action completed – remove from the tracker.

16/053(ii) NHSE CCG Safeguarding Assurance Exception Report – Safeguarding Training Levels

The Committee were advised that determining appropriate levels of safeguarding training are covered as part of the CCGs recruitment check list. RC believes issues remain within Primary Care. As existing roles evolved it was expected that Job Descriptions would be provided to the Safeguarding Team to monitor.

Outcome: Action completed – remove from the tracker.

16/053(iii) NHSE CCG Safeguarding Assurance Exception Report – Peer Review Action Plan

The Chief Nurse at Halton CCG has confirmed that the supervision arrangements for the team have been agreed and are in place for both routine supervision and psychological support

Outcome: Action completed – remove from the tracker.

16/053(iv) NHSE CCG Safeguarding Assurance Exception Report – MIAA recommendations re Safeguarding Policies

The review of accessibility of policies for CCG on internal IT sites is being reviewed by the CCG Head of Vulnerable People, in conjunction with the CCG Corporate Governance Manager.

Outcome: Action completed – remove from the tracker.

16/053(v) NHSE CCG Safeguarding Assurance Exception Report – Accessible support for GPs through NHSE post CQC Inspection

DF had spoken to NHSE with an update on progress to come back to the

	<p>Committee in July 2016. Outcome: The Committee are to receive a further update in July 2016.</p> <p>16/057 Chief Nurse Report - <u>Safeguarding OFSTED Inspection (Single Inspection Framework)</u> Completed – Names of GP surgeries involved in the inspection forwarded to FLT so letters of thanks can be sent. Outcome: Action completed – remove from the tracker.</p> <p>16/059 Primary Care Quality Agenda The Committee agreed to defer this action until July 2016 for response. Outcome: The Committee are to receive a further update in July 2016.</p> <p>16/060 EPEG Key Issues Log – <u>Lab Services</u> JH confirmed that the issue raised related solely to SSCCG and has been escalated through discussions at relevant meetings. Outcome: Action completed – remove from the tracker.</p> <p>16/058(iii) Terms of Reference JH confirmed the TOR documents had been updated following the recommendations made when the Committee met in April 2016. Outcome: Action completed – remove from the tracker.</p>	
16/069	<p>Safeguarding Service Update Report The Committee received an update on the Goddard enquiry which included the NHSE and Veritas self-assessment checklist for NHS Providers. The CCG Safeguarding Service reported that they have incorporated the checklist into a template for commissioned healthcare providers which will be monitored via the provider quality schedule returns by the CCG Safeguarding Service – returned information is required with the Q2 2016/17 return.</p> <p><u>NHSE Safeguarding Assurance Tool</u> Following presentation of a paper to the Quality Committee in April 2016, the Safeguarding Service have met with NHSE to review the current self-rated position statement for the CCG. A positive finalised assessment was received with two KLOE's the CCG had rated as amber, increased to green, following discussion of the evidence being presented at the meeting. An action plan is to be prepared by the Safeguarding Service in relation to the outstanding areas discussed at the April 2016 Committee meeting and the formal feedback from NHS England. DF has reviewed the feedback following a meeting with the Safeguarding Service.</p> <p><u>Safeguarding Adults and Children Training Strategy and Training Needs Analysis</u> An analysis of training needs has now been completed with compliance rates for both CCGs determined as follows: <ul style="list-style-type: none"> • Safeguarding Children Level 1 – 96% • Safeguarding Adults Level 1 – 94% The performance was noted by the Committee.</p> <p><u>Safeguarding Service Staffing Update</u> The Committee were advised of changes in staffing within the service, however DF had met with HS earlier in the week and had been given assurance that there were no concerns that performance would be affected.</p> <p><u>Domestic Homicide Review</u> The Committee received an update on DHR7.</p>	

	<p>Care Homes HS advised the Committee of investigations that were being undertaken in two care homes. The Committee received assurance with regard to patient safety with strategy meetings taking place to address the need for any immediate action. The monitoring of any relevant action plan would be shared with the Quality Committee as appropriate.</p> <p>DF encouraged Committee members to make contact with the Safeguarding team should they wish to learn more of the assurance procedures in place and the input of the team into care home related safeguarding investigations.</p> <p>DF reflected on the increase in the number of issues with care homes since October 2015, including the closure of homes by the CQC and voluntarily by owners. This had resulted in the loss of 93 beds across the Sefton area. DF confirmed that concerns are escalated on a regional basis when necessary and that this had been brought to the attention of the Merseyside Quality Surveillance Group which is Chaired by NHSE.</p>	
	The Committee received the report and were assured re Goddard Enquiry.	
16/070	<p>CSU Care Home Quality Report JC presented the Care Home Quality report which contained the Clinical Quality performance of providers for Q4 2015/16. The Committee were signposted to information within the report where the team were working closely with providers and the Care Quality Commission where it was possible that a de-registration process had been entered into or may take place. The possible impact on bed availability was discussed together with the necessary assurances being given that the question of potential closure had been raised early in the process to determine timeframes and what actions would need to be taken by the CCG. RC considered it would be beneficial for GPs with patients in such homes to be informed earlier in the process. DF stated that she would ask TF to have a discussion with RC regarding this request in terms of what was possible within the legislative framework governing this area.</p> <p>ACTION: DF to ask TF to determine whether a process can be implemented to include earlier notification of home closures to GPs, particularly when homes are determined to be inadequate.</p>	DF
	The Committee received the report	
16/071	<p>NHS111 TH presented the Committee with an update on NHS111 performance, highlighting changes to the model since going live in March 2013. The Committee noted from the report content that the cumulative performance to February 2016 suggested KPI targets had not been achieved.</p> <p>DF referred to the performance notice issued under the contract on behalf of all CCGs, which suggested the data within the report was across all CCGs and not broken down specifically to the CCG.</p> <p>ACTION: TH to provide clarity on the data contained within the report with a breakdown of performance against targets for the CCG. Deflections and outcomes will also be included in future reports.</p> <p>From a patient safety perspective DF confirmed that any Serious Incidents meeting the need for STEIS reporting which had arisen due to the reported performance issues would be managed through to the Quality Committee through</p>	TH

	<p>the existing reporting process.</p> <p>Discussions will take place outside of the meeting to determine what performance information is presented to future Quality Committee meetings.</p>	
	The Committee received the report	
16/072	<p>AQuA Safety Report JH presented the report on behalf of BP which was a summary of the latest quarterly report from AQuA, focussing on both staff safety procedures and the safety culture embedded within Southport & Ormskirk Hospitals NHS Trust.</p> <p>The Committee discussed the reporting of risks, noting there had been an increase in reporting levels. BD asked whether learning from the incidents was being achieved. DF confirmed there had been a noticeable difference in performance by the provider following the appointment of a new DoN but concerns had been raised regarding systematic embedding of learning at the Quality Risk Summit. DF also informed the Committee that the CCG were expecting to receive a presentation at the next Contract Review / Clinical Quality & Performance Meeting later on triangulation of staffing levels, harms reported and patient experience. DF reported that staffing levels were discussed at the Contract Meeting and the Trust regularly reported on progress in terms of recruitment and use of agency and bank staff to ensure they operating at Safer Staffing requirements.</p> <p>The style of presentation of the graphs from AQuA was discussed as there were differences in the data recorded against the Y axis on each graph and no key to clarify the measures.</p> <p>ACTION: JH to check with BP whether the key to information provided in graphs was omitted due to extraction of information from original report with response to be circulated to Committee members asap.</p>	JH/BP
	The Committee received the report	
16/073	<p>CQUINs JS provided the Committee with a verbal update on the CQUINs for 2016/17 recently agreed with Mersey Care and LCH.</p> <p>Two local CQUINs had been agreed with S&O and conversations were being progressed regarding a third CQUIN.</p> <p>JS will continue to provide the Committee with progress of CQUINs.</p>	
	The Committee received the report	
16/074	<p>Provider Quality Performance Reports JS presented the provider Quality Performance Report by exception.</p> <p><u>S&O</u> Cancer Measures – JS confirmed she had received validated information since circulation of this report and performance was now rated green at 82.6%. 62 Days referral to screening performance was met for month 12.</p> <p>Stroke – Issues remain around patient flow within the Trust which has impacted upon the length of time patients spend on the Stroke Unit. JS had copies of a presentation by Dr McD regarding stroke performance which she is able to circulate to Committee members if required. This has been raised at the Quality Contracts Meeting with a Quality Walk around scheduled to take place on the Stroke Unit. BD stated that the Trust continued to make sure that at least 1 male</p>	

	<p>and 1 female ring fenced stroke bed free.</p> <p>RC was concerned at performance levels in this area and requested that JS provide further information to the Committee at the next meeting and a remedial action plan be requested from the Trust.</p> <p>ACTION: JS to request the Trust provide a remedial action plan to provide assurance on TIA performance.</p> <p>A&E – 95% at end of April 2016 was achieved but a drop in performance has been seen since. BD shared update on steps being taken within the Trust to support improvements in performance. Challenges with Estates are an issue with some other actions being addressed. DF stated that a new escalation process put in place to ensure patient safety and this was confirmed by BD.</p> <p>BD mentioned that a discussion took place at SRG and it was noted that Ormskirk A&E had seen an increase in attendances of children. DF advised that A&E was discussed at the Quality Risk Summit chaired by NHSE North with an Executive Leadership Improvement Meeting being established with the first meeting having a focus on A&E / Urgent Care.</p> <p>Mixed sex – Breeches continue to be reported in Critical Care with an update expected today at the Contract Meeting.</p> <p>Maternity - Updated data provided within today's report showed the Trust underperforming against the 90% target. An electronic patient record system has recently been put in place replacing the paperbased process that was in place. The CCG Commissioning Manager is liaising with the trust regarding this and a mitigating action plan will be requested.</p> <p>JS stated that the Quality Accounts were presented earlier this by providers and the SFCCG and WLCCG would be returning a joint response to S&O for publishing in their final version. Issues with unreliable beepers was raised and pursued with an action plan in place. This had also now been recorded on the risk register.</p> <p>A Signed off copy of the Out of Hours Bleed rota is now in place with Aintree.</p> <p>JH reported that he was meeting with the Deputy Director of Nursing next week to review the revised action plan for the reduction in pressure ulcers. When received, this would be shared with the Clinical Commissioning Forum (CCF) and if deemed satisfactory closure of the PU Contract query would follow.</p> <p>DF reported that the Contract query re Safeguarding remains open due to the inability of the Trust to provide satisfactory evidence which would enable the CCG Safeguarding Service to increase the level of assurance. However, HS stated an improvement was anticipated following a recent appointment to the post of Head of Safeguarding at the Trust.</p> <p><u>Mersey Care NHS Trust</u> Every Contact Counts – Work is underway to bring about improvements in this area with training being received by front-line staff.</p> <p>CPA Secondary Mental Health services – The Trust continue to work closely with social housing to bring about necessary improvement.</p> <p>CPA with HoNOS – Improvement expected through recently agreed super CQUIN.</p>	JS
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	<p>Referral to Treatment: Psychotherapy and Eating Disorders – An increased level of assurance had been received from the Trust following the recruitment of additional members of staff.</p> <p>DNA & Cancellation appointments – Work is ongoing to bring about improvements. An audit of DNAs has been undertaken and this will be reviewed and the information used to inform a full review of the DNA policy by December 2016.</p> <p>BD requested that Mental Health A&E Liaison Quality & Performance information is included in future reports or added to Work Programme. JS agreed to discuss with BD and Gordon Jones outside of meeting.</p> <p>JS advised that Mersey Care had recently presented their Quality accounts and have also become an FT.</p> <p>ACTION: JS to ensure the domain name columns in future reports are not highlighted in green.</p> <p><u>LCH</u> JS highlighted that there is an overall sickness absence rate of 6.3%, the highest since April 2015 for this provider. JS stated that this has been discussed at the contract meetings and mitigating actions are being addressed as part of the Trust CQC action plan and response to the Capsticks report.</p>	<p>JS</p>
<p>The Committee received the report</p>		
<p>16/075</p>	<p>Serious Incident Report JH apologised for the delayed distribution of this report and explained that it was in an interim format due to the recent change of the CCG reporting e-system. A new style and more in depth report will be brought to future meetings with the Internal Serious Incident (SI) Review Group having sight of data, identification of themes, timeliness of reporting etc.</p> <p>Mersey Care SI report – DF confirmed that SIs for Mersey Care are sent initially by the provider to LCCG and then forwarded to SFCCG, All such incidents are reviewed at the SFCCG internal Serious Incident meeting and discussed at the CQPG. Members of the CCG Safeguarding Service are also in attendance at these meetings to ensure effective communication and the opportunity to provide specialist review.</p> <p>DF stated that she had attended the CCG Internal SI Meeting where outstanding SIs from 2014 were discussed and these have now been closed in relation to S&O. This closed status was confirmed by JH.</p> <p>HN acknowledged the improving situation however expressed some concern at the number of outstanding SIs open from 2015. JH explained that this was in part due to national reporting procedures allowing 60 days for a response from the Trusts which has prolonged the timeframe from reporting to closure. JH suggested clearer timelines of incidents can be provided to demonstrate how long they may have been outstanding.</p>	
<p>The Committee received the report</p>		
<p>16/076</p>	<p>EPEG Key Issues Log JH provided a verbal update and commented on the positive work and excellent presentation from delivered by Aintree University Hospital Foundation Trust regarding Patient Experience. S&O have been invited to attend EPEG to deliver a</p>	

	<p>similar presentation at the June 2016 meeting which Committee members were welcome to attend.</p> <p>LSCB Section II Audit requirements – The CCG need to evidence how they consult and listen to children when commissioning and delivering services. A meeting is to take place involving young people to move this forward.</p> <p>Positive feedback was received from EPEG in relation to the Branded Medicines leaflets.</p> <p>Evening sessions of 'Big Chat' are to take place in June 2016.</p>	
	The Committee received the verbal update	
16/077	<p>GP Quality Lead Report As Dr DC was unable to attend this meeting there nothing further to note.</p>	
16/078	<p>Any Other Business</p> <p><u>Helen Nichols (Lay Member) - Attendance at Quality Committee</u> The Chair thanked HN for her services to the Committee as this was her final meeting. HN will be replaced on the Committee by the new Lay Member for Patient & Public Involvement.</p> <p><u>Southern Health Report</u> DF advised the Committee that on the back of the Southern Health Report a formal report will be presented to the Committee. The Director of Nursing at Mersey Care NHS Foundation Trust has informed the CCG that the Trust will report all deaths using the Serious Incident process in order to identify lessons learnt.</p> <p><u>Provider Quality Accounts</u> Draft Quality Accounts were received and providers attended a meeting on 13th May 2016 to present them to Commissioners with the Chair of the Overview and Scrutiny Committee in attendance. All responses for Foundation Trusts have been submitted with Community Trusts to follow.</p> <p><u>S&O Quality Risk Summit</u> DF informed the Committee that a Quality Risk Summit had taken place for S&O last Friday. Progress reports will be submitted to the Governing Body and Quality Committee as necessary.</p>	
16/079	<p>Key Issues Log DF recorded the Key Issue for submission to the Governing Body as follows:</p> <ul style="list-style-type: none"> • Goddard Inquiry – the Committee received an update from the CCG Safeguarding Service which included assurance from local providers • NHSE CCG Safeguarding Assurance – positive feedback received from NHSE. Action plan to be developed re: elements that were AMBER RAG rated • CQUINs – Update received on status of CQUINs for 2016/17 • S&O Stroke Performance – concerns remain re: stroke performance. Quality Walkaround scheduled. Updated remedial action plan from the Trust to be requested via the Contract route • S&O A&E Performance – concerns remain re: A&E performance. Upturn seen in April 2016 but this hasn't been maintained. New escalation process in place within the Trust. A&E was discussed at the Quality Risk Summit chaired by NHSE North with an Executive Leadership Improvement Meeting being established with the first meeting having a focus on A&E / Urgent Care. • Provider Quality Accounts – the provider draft Quality Accounts have been received from providers. These were presented at a full day event this 	

	<p>year co-ordinated by KCCG</p> <ul style="list-style-type: none"> Liverpool Community Health NHS Trust Capsticks Report – the Committee were made aware that this had been published and the actions being taken to address the recommendations (updates to the contract meeting) 	
16/080	<p>Date of Next Meeting Thursday 23rd June 2016 – Away Day to be held jointly with SS CCG Quality Committee Members 9-4.30 West Lancashire Golf Club,</p>	



Chair : ROB CAUDWELL
 PRINT NAME

 SIGNATURE

Date : 20.7.16

APPROVED